1264

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01235

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Cockeysville
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Boxer Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Cockeysville
STREET ADDRESS (If rural, give location): Boxer Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Arthur (Last) Armstrong

4. DATE OF DEATH: (Month) February (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 19 August 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Power tools

11. BIRTHPLACE (State or foreign country): Towson, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hardy Armstrong

14. MOTHER'S MAIDEN NAME: Elizabeth S. Leaf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1917

16. SOCIAL SECURITY No.: 162-20-0342

17. INFORMANT & ADDRESS: Mrs. John A. Armstrong, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Coronary Occlusion	Few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Artery disease or arterio-sclerotic heart	5 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51, to Feb, 19 54, that I last saw the deceased alive on Feb 5, 19 54, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Ives (DEGREE OR TITLE) M.D. ADDRESS: Cockeysville, Md DATE SIGNED: 21 Feb. 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2/24/54

NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Pickney & Sons Balto 17, Md.

1265

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 924 North Dallas Street

3. NAME OF DECEASED (Type or Print): (First) JUNIOUS (Middle) (NMI) (Last) ATKINSON

4. DATE OF DEATH: (Month) February (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-2-92

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotte Co. Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac Atkinson

14. MOTHER'S MAIDEN NAME: Louise Staples

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY No. 213-01-5973

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) CORONARY ARTERIOSCLEROSIS WITH THROMBOSIS; MYOCARDIAL INFARCTION — UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1954, to Feb. 9, 1954, that [redacted] and that death occurred at 6:07 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2/15/1954 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2/15/54 | REGISTRAR'S SIGNATURE [signature]

21. FUNERAL DIRECTOR: Katie R. Williams Funeral Home — ADDRESS: 322 N. Schroeder St., Baltimore, Md.

1266

M

MARYLAND

STATE DEPARTMENT OF HEALTH

01257

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 61 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET ADDRESS (If rural, give location) 1641 E. Coldspring Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM		BAKER	February	9	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	11-13-25	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boiler operator	Power Corp.	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Minor W. Baker	Ola Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW II	220-12-6247	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
190X Immediate cause	(a) MALIGNANT PIGMENTED MOLE, PRIMARY SITE IN SKIN OF BACK, GENERALIZED METASTASIS	7 YEARS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec. 10, 1953, to Feb. 9, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D.	VAH, FORT HOWARD, MARYLAND	2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-12-54	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 12, 1954	M. W. Hedrick	Howard Blight Funeral Home	6009 Harford Rd Baltimore, Md.

Mildred T. Blight

1267

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-4 01238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 A Holly Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 306 A Holly Drive

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) STARKEY (Last) BALDWIN

4. DATE OF DEATH: (Month) February (Day) 17, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 11, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Greenfield, Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Starkey

14. MOTHER'S MAIDEN NAME: Rosa Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Ann B. Phillips, 306 A Holly Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) CEREBRAL HEMORRAGE — Interval Between Onset and Death: 1 DAY

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) HYPERTENSIVE ARTERIOSCLEROTIC CEREBRO - — 10 YRS

DUE TO

(c) VASCULAR DISEASE

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Feb 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Louis Lemendoff MD 1437 Fundaq Ave, Balto 20, Md 2/17/54

23. BURIAL, CREMATION REMOVAL (Specify): removal

DATE THEREOF 2/17/54

NAME OF CEMETERY OR CREMATORY Springfield

LOCATION (City, town, or county) (State) Springfield, Massachusetts

DATE REC'D BY LOCAL REG. 2-17-54

REGISTRAR'S SIGNATURE L

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1217 St. Paul Street

1268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01239

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Essex — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 34 Pelozar Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex

STREET ADDRESS (If rural give location): 34 Pelczar Ave

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) E (Last) Bauernfeind

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	widow	Sept 25 1876	77 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	at home	Washington D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J Horn	Mary Gronau

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
		Mrs Mary Schmeiser 34 Pelczar Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.0 (a) Coronary Thrombosis — Interval Between Onset And Death: 5 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Arteriosclerotic Heart disease — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to 2-9, 1954, that I last saw the deceased alive on 2-8, 1954, and that death occurred at 9 30 P.M., from the causes and on the date stated above.

SIGNATURE: William L. Jeans (Degree or title) M.D. ADDRESS: 3025 Belair Road DATE SIGNED: Balt Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB 12. 1954	OAK LAWN	COLGATE MD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-11-54	T	ULLRICH FUNERAL HOME 4210 BEL

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 914 H. Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural give location) 914 H Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JAMES (Last) BAYNE (A.K.A. BAIN)

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 8, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: Real estate

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Bayne

14. MOTHER'S MAIDEN NAME: Don't know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Estella Bayne 914 H Street-19

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Hypostatic Pneumonia	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	3 yrs
	DUE TO (c) Generalized Arteriosclerosis	3 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to Feb. 23, 1954, that I last saw the deceased alive on Feb. 23, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James J. Mann M.D.
ADDRESS 5 W. Del. St. Balto 19
DATE SIGNED 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 25, 1954
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Pikesville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Feb. 25-54
REGISTRAR'S SIGNATURE Dawson L. Harbor

24. FUNERAL DIRECTOR Ullrich Funeral Home
ADDRESS 2112 Dundalk Ave. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V. S.

Film# G161 Item# 11,12 2/26/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodstock P.O. - Granite
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodstock College

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Granite
STREET ADDRESS (If rural give location) Woodstock College

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) A. (Last) Becker
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single - Priest
8. DATE OF BIRTH: Sept. 22, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Priest
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country). ? unknown
12. CITIZEN OF WHAT COUNTRY? unknown
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Woodstock P.O., Md. Rev. Joseph F. Murphy, S.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 442 X Pneumonia infection — 4 d.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio renal Vascular disease — 10 yrs

DUE TO

(c) Stroke - Cerebral hemorrhage — 18 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Feb. 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 7:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harold H Burns M.D. 115 E. Eager St Balto 2 Md 2/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 2/20/54 Woodstock College Baltimore County Md

DATE REC'D BY LOCAL REGISTRAR 2/19/54 REGISTRAR'S SIGNATURE C W Sedwick 24. FUNERAL DIRECTOR Bernard C Harle ADDRESS 412 West St

CL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1253

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAIN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Mary K. Bellingham

2. DATE OF DEATH: February 1, 1954

3. PLACE OF DEATH: A. Baltimore City, Maryland — Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4407 Hooper Avenue

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4407 Hooper Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	widowed	May 24, 1878	75		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Private Cook	Private Families	Carroll County, Maryland	U. S. A.

13. FATHER'S NAME: Richard M. Lyons

14. MOTHER'S MAIDEN NAME: Mary A. Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorothy Moore, 4407 Hooper Avenue — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
I (A)	Pulmonary Hypertension	6 mos
DUE TO (B)	~~CHD~~ Coronary insufficiency	2 days
DUE TO (C)		

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Bronchial asthma	6 mos

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES ☐ NO ☒

22. *I hereby certify that I attended the deceased from* March 1, 1954 *to* Feb 1, 1954 *that I last saw the deceased alive on* Feb 1, 1954 *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Benjamin Weller MD M. D.	2030 Wilkens ave.	2/4/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
burial	2/4/54	St. Peters Cemetery	Baltimore,	Maryland

DATE RECEIVED BY LOCAL REGISTRAR: FEB 4 1954

REGISTRAR'S SIGNATURE: [illegible] Registrar

25. FUNERAL DIRECTOR: Wm Cook Jr. — ADDRESS: 1217 St. Paul Street

F. W. Hedrick mmb

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BUREAU V. S.

1271

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerstown
LENGTH OF STAY (In this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysmill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerstown
STREET ADDRESS (If rural give location) Cockeysmill Rd

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) UHLER (Last) BENNETT

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 27 1861

9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: David Uhler

14. MOTHER'S MAIDEN NAME: Mary Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Georgia Uhler Hahn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis, generalized — Interval Between Onset And Death: Years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December, 1953, to February 8, 1954, that I last saw the deceased alive on Feb 7, 1954, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clarence E. McWilliams M.D. — ADDRESS Centerstown Maryland — DATE SIGNED Feb. 8 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-11-54 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REGISTRAR 2-10-54 — REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Wm Barry Mann & Sons — ADDRESS Reisterstown, Md

VS. A15

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M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1044)

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Mt. Wilson

LENGTH OF STAY (in this place): 119 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Queen Anne's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) C. (Last) Bishop

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	12/19/1895	58 yrs.	1	17		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self-employed	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William T. Bishop	Florence Harrison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	None	Julia G. Bishop (Wife), Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Tuberculosis; Far Advanced	Approx. 6 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c) Arthritis; Rheumatoid, Multiple	12 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9, 1953, to 2/5/, 19 54, that I last saw the deceased alive on 2/5/, 19 54, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Newgarden	M.D., Superintendent	Mt. Wilson, Md.	2/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	2/5/54	Chesterfield Cemetery	Centreville, Q.Anne Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/54	Helen M. Mears	J.F. DEVNY, LIGHT & MONTGOMER STS.,	BALTO., MD.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37 ... 1245

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Offutt Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 606 E. Joppa Rd.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Duncan (Last) Black

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widow | 8. DATE OF BIRTH: March 7, 1861 | 9. AGE last birthday: 92 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Balto. City, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. Duncan | 14. MOTHER'S MAIDEN NAME: Adeline Jones.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mrs. R. L. Kenare, Monkton, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4580 Immediate cause	(a) Heart failure DUE TO	2 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis DUE TO	over 7 yrs
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypostatic Pneumonia	1 wk

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 2 , to 7 Feb , 19 54 , that I last saw the deceased alive on 16 Feb , 19 54 , and that death occurred at 7:30 AM , from the causes and on the date stated above.

SIGNATURE Walter T. Kies (Degree or title) M.D. ADDRESS Cockeysville DATE SIGNED 17 Feb. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-19-54 | NAME OF CEMETERY OR CREMATORY Reed Ridge | LOCATION (City, town, or county) (State) Timonium, Md.

DATE REC'D BY LOCAL REGISTRAR 17 Feb 1954 | REGISTRAR'S SIGNATURE Anne Armistead MacRae | 24. FUNERAL DIRECTOR L. Scott Brooks, Sparks, Md. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB 18
BUREAU V. S.

1274

M

MARYLAND

STATE DEPARTMENT OF HEALTH

0-1246

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton, R.D. 1 — LENGTH OF STAY (In this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton, R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Blaney

4. DATE OF DEATH: (Month) Feb (Day) 1st (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 19, 1914

9. AGE last birthday: 39 yrs. — If under 1 year: Months 2, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Manager

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Rocks, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel G. Blaney

14. MOTHER'S MAIDEN NAME: Mabel Irene Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-6134

17. INFORMANT AND ADDRESS: Mrs. Nora D. Blaney, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

401.1
Immediate cause (a) Pulmonary Edema — Interval between onset and death: 12 Hrs

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Subacute Bacterial Endocarditis — 2 years
(c) Rheumatic Fever — 30 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1953, to Feb 1st, 1954 that I last saw the deceased alive on Feb 1, 1954, and that death occurred at 9.45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. James Thomson, Jr. — ADDRESS Jarrettsville, Md. — DATE SIGNED Feb 2, '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 4, 1954 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Rocks, Harford Co. Md.

DATE REC'D BY LOCAL REG. 2-2-54 — REGISTRAR'S SIGNATURE: Mrs Howard S. Marbeine

24. FUNERAL DIRECTOR — ADDRESS: Martin D. Kurtz, Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

I

BUREAU V. S.

1275

MARYLAND

STATE DEPARTMETT OF HEALTH

01247

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard, Md.
LENGTH OF STAY (In this place): 149 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 39 Talbot Steet

3. NAME OF DECEASED (Type or Print): (First) FELIX (Middle) E (Last) BOOTH

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-13-87

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Wood-Working

11. BIRTHPLACE (State or foreign country): Endfield, Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Orlando Booth

14. MOTHER'S MAIDEN NAME: Rosetta Jay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 578 05 0143

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) CARCINOMA OF LEFT LUNG WITH METASTASIS TO BRAIN — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-19-54

19b. MAJOR FINDINGS OF OPERATION: Exploratory Craniotomy - Tracheostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 28, 1953, to Feb. 24, 1954, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D.

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 2/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-1-54

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: 3-1-54

REGISTRAR'S SIGNATURE: A.W.Hedrich

24. FUNERAL DIRECTOR: Howard F. Blight

ADDRESS: Howard Blight Funeral Home

SHIPPED TO: W. W. Chambers Co., 1100 Chapin St. N.W. Washington, D. C.

6009 Harford Road, Balto, Md.

MARGIN RESERVED FOR BINDING

1276

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(1254) Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Company.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1323 mosher st.

3. NAME OF DECEASED (Type or Print): (First) MALcolm (Middle) (Last) Bradford
4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Bl
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: Sept 23, 1895
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Josh Bradford
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-9669
17. INFORMANT AND ADDRESS: mable Bradford 1323 mosher st

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
(a) Immediate cause: Compound Fracture Skull — Interval between onset and death: 9123
(b) Antecedent cause(s): Crushing injury to chest.
(c) Traumatic Amp. mid Thid both feet.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Bet Steel Co — (CITY OR TOWN) Sparrow Point — (COUNTY) Balto — (STATE) md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 1. 54 10 AM.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Run over by Ingot Buggy.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] M.D. — (Degree or title): Dep. Med. Exam. — ADDRESS: Dundalk — DATE SIGNED: 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/6/54 — NAME OF CEMETERY OR CREMATORY: Mt Auburn — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 2/3/54 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Hes. A. Nelson — ADDRESS: 1303 Pressman St

1257
M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0124

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Long Green pike, Balto. Co.
City or town: Baldwin, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Long Green pike
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Baldwin 9 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Anna Magdelena Brown

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed

8 (b) Name of husband or wife: Henry Brown
8(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 13, 1860

8. AGE: Years	Months	Days	If less than one day
93	4	3	hrs. min.

9. Birthplace: Baltimore Co. Md (Town, county, and state)
10. Usual occupation: Retired Housewife
11. Industry or business: At Home
FATHER 12. Name: Stephen Hurline
FATHER 13. Birthplace: Baltimore Co., Md
MOTHER 14. Maiden name: Magdelena Harline
MOTHER 15 Birthplace: Baltimore Co. Md.
16. Informant: Mrs Winfred H. Isenhock
Address: Long Green pike. Baldwin Md.
17. Burial (Burial, cremation, or removal) Which?: Date thereof: Feb 19. 1954 (month) (day) (year)
Cemetery or crematory: St John Lutheran Church
Location: Glenelg. Md.
18. Funeral director: Ernest W. Conklin
Address: 924 E. Eager St. Baltimore Md
19. 2/20/54 (Date rec'd by registrar) J. J. Bristow Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 16, 1954, at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1913, to Feb. 17 1954, and that I last saw h[illegible] alive on Feb 16 1954.

Immediate cause of death	DURATION
Chronic Myocarditis	yrs
Due to Arteriosclerosis	yrs
Due to Hernia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Walter N. Hammett M. D. or other
Address: Baldwin Date signed: 2/17/54

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A II 8-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1254)

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3016 Ritchie Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 3016 Ritchie Ave

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) ENOS (Last) BRYAN

4. DATE OF DEATH: (Month) FEB. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: FEB. 12-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua Bryan

14. MOTHER'S MAIDEN NAME: Anna E. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Emma Fed (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420 Immediate cause	(a)	Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic heart disease	2 yrs
	DUE TO (c)	Generalized arteriosclerosis.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, to Feb 23 19 54, that I last saw the deceased alive on Feb 23, 19 54, and that death occurred at 4 00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Conrad Ruston MD 3128 Hanford Rd 2/24/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: FEB.-26-1954

NAME OF CEMETERY OR CREMATORY: Morland Park

LOCATION (City, town, or county) (State): Balto Co. Md.

DATE REC'D BY LOCAL REG.: 2-26-54

REGISTRAR'S SIGNATURE: a w Hennis

24. FUNERAL DIRECTOR ADDRESS: John G. Connelly 418 Eastern Ave Balto 21 Md.

JSS

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MARYLAND

STATE DEPARTMENT OF HEALTH

01252

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md. — LENGTH OF STAY (In this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 600 9th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HENRY	W.	CAGER	February 20 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs: Hours Min.
Male	Colored	Single	6-15-20	33 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Laurel, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Cager	Ida Coatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II	212-13-0699	Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

353.3
Immediate cause (a) EPILEPSY-CAUSE UNKNOWN — UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I VA attended the deceased from Feb. 16, 1954, to Feb. 20, 19 54, [redacted] and that death occurred at 2:05 A. m., from the causes and on the date stated above.

SIGNED (Degree or title) ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. VAH, Fort Howard, Maryland 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-24-54	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-54	Dawson L. Harbin	W. R. Selby Funeral Home,	401 Washington Boulevard Laurel, Maryland

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Film #16 Item# 13,14 2/18/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01253

Reg. Dist. No. 30

The correct age

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 5 | LENGTH OF STAY (in this place) 40
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Dogleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 109 Dogleside Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emily	Read	Cairnes	Feb	10	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	2/25/1874	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard L. Read	Susan Stokes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Lea K. Cairnes 111 Dogleside Ave. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4647 Immediate cause	(a) Pulmonary Embolism	1 Day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombo Phlebitis	1 wk.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pneumonitis	10 Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 28, 1954, to Feb 10, 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at 1.20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jane Stowell		Catonsville	2.11

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/13/54	Woodlawn Cem.	Baltimore Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/12/54	V.E. Harry	E. W. Lamoreau	4015 Liberty Hgts Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

BUREAU V. S.

Film#G161 Item# 13 2/15/54 emf

1279

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 251

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Baltimore Co. Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 1515 Edmondson Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Rhoda	K	Cake	Febr.	8	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 28, 1878	75 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William H. H. Bishop	Caroline Gartner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		Mr. Philip H. S. Cake - 1515 Edmondson Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Infarction Myocardial Infarction	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Arterio & Ather. Cardio Vascul. Disease	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1953, to 2/8, 1954, that I last saw the deceased alive on 2/8, 1954, and that death occurred at 12.40 A.M, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stella Wachsler, M.D	Spring Grove State Hospital	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/10/54	St. John's Cem.	Howard Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-9-54	A W Hedrick	Wm. C. Vickers & Sons	Balto. 17, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville P.O. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Manor Nursing Home 7423 Bayfront Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 8142 Gough St.

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Jane (Last) Campbell
4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	May 5 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry G. Orbell
14. MOTHER'S MAIDEN NAME: Jane Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Thomas M. Campbell as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260 X Immediate cause	(a) Coronary Occlusion	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	5 yrs
	(c) Arteriosclerosis & Hypertension	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Feb., 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Muse	M.D.	520 St. Paul Pl.	2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/11/54	BelAir Memorial	Belair Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-11-54	[illegible]	William J. Dutcher & Sons	15 E. North & Penna Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1283

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(1955) Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bradshaw
LENGTH OF STAY (in this place): 30 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.,
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bradshaw
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) E. (Last) Chisholm

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	single	Oct. 22, 1879	74 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer, Garage	U.S. Govt.,	Harford Co., Md.,	U.S.

13. FATHER'S NAME: Thomas H. Chisholm, Sr.,

14. MOTHER'S MAIDEN NAME: Mary J. Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	218-22-0757	Thos., J. Chisholm, 3002 Hudson St., Balto., Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Acute Bronchopneumonia	36 hrs.
DUE TO (b)	Arteriosclerotic Heart Disease	2 yrs.
DUE TO (c)		

491X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2 ..., 19 47, to 2/13..., 19 54, that I last saw the deceased alive on 2/12, 19 54, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford F. Hudson, M.D. — ADDRESS: Fork Md. — DATE SIGNED: 2/13/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/1954	Cokesbury	Abingdon, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR: FEB 15 - 1954 — REGISTRAR'S SIGNATURE: C. E. Arthur D. Fred R. — 24. FUNERAL DIRECTOR & ADDRESS: Howard K. Mc Comas & Son, Abingdon, Md.,

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Towson Convalesent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): St. Paul Court Apts.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) E. (Last) Clifton

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 27 1890

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Roland Park Co

11. BIRTHPLACE (State or foreign country): Middleburg Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Harry Clifton

14. MOTHER'S MAIDEN NAME: Eliza Haley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-07-9244

17. INFORMANT AND ADDRESS: Hilda N. Mumma 4116 Garrison Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma Breast, left	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, Colon	4 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 27 Feb 54

19b. MAJOR FINDINGS OF OPERATION: Carcinomas L Breast, Colon, with Widespread Metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan, 19 54, to 14 last Feb, 19 54, that I last saw the deceased alive on 13 Feb, 19 54 and that death occurred at 1 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature], M.D. ADDRESS: 1261 E. Belvedere Ave Baltimore DATE SIGNED: 15th 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 17 1954 — NAME OF CEMETERY OR CREMATORY: Mount Tabor — LOCATION (City, town, or county) (State): Rocky Ridge Frederick Co

DATE REC'D BY LOCAL REG. 2-17-54 — REGISTRAR'S SIGNATURE: LL

24. FUNERAL DIRECTOR: Harry H. Ammann — ADDRESS: 4204 Ridgewood Ave

Item 18&22 Film G162 3-23-54 ams

MARYLAND

STATE DEPARTMETT OF HEALTH

(+1251 38

CERTIFICATE OF DEATH

Reg. Dist. No.

1. NAME OF DECEASED (Type or Print): ELIZABETH M. COLWELL

2. DATE OF DEATH: Feb. 24, 1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland Towson

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1412 Register Avenue

c. Length of stay in Baltimore: 10 yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Towson
D. STREET ADDRESS (If rural, give location): 1412 Register Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	Single	Nov. 17/21	32		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teaching, Supervisor of Nurses	Harriett Lane, Hopkins Hosp.	Scranton, Pa.	

13. FATHER'S NAME: late Frank T. Colwell

14. MOTHER'S MAIDEN NAME: Mary Jenkins Colwell

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / ADDRESS
		Mrs. Mary Colwell, 1412 Regester Ave

MEDICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Breast DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION

INTERVAL BETWEEN ONSET AND DEATH

19. DURATION OF: A. Major Operation	B. Last Illness	20. WAS CASE REFERRED TO CORONER?

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

23A. SIGNATURE: William Woodall M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: Feb. 25, 1954

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Removal	Feb. 28/54	Washburn St. Cemetery	Scranton, Pa.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
FEB 27 1954	Peter Jno. Witters	Harry H. Luitzen	101 Edmondson Ave.

VS 151

RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH INK. Every item of information should be carefully supplied. The correct age is especially important. Please write the causes of death clearly and legibly.

BUREAU V. S.

1954

1286

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

01258

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7710 Queen Anne Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parkville; STREET ADDRESS (If rural, give location) 7710 Queen Anne Drive

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) James P. (Last) Connolly

4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Apr. 4, 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): American Brewery

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Connolly

14. MOTHER'S MAIDEN NAME: Sarah Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-01-4467

17. INFORMANT AND ADDRESS: Mrs. Katherine Connolly, 7710 Queen Anne Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval between onset and death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-vascular Accident — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1954, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 4, 1954, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE Roy M Zimmerman (Degree or title) MD ADDRESS 2038 Harford Blvd. DATE SIGNED Feb. 8, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 10, 1954 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2-9-54 — REGISTRAR'S SIGNATURE A. W. Hilmert — FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

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Dr. Le Roy Zimmerman
2858 Harford Road

12807

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25-13

1. PLACE OF DEATH: Gerst Ave.near Silver Spring Rd.
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED. Gerst Ave.near Silver Spring Rd.
STATE Md. Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) Gerst Ave.near Silver Spring Rd.

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) I. (Last) Dashner

4. DATE OF DEATH: (Month) Feb. (Day) 8th. (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	Feb.14th.1915	38 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Balto. Md.	

13. FATHER'S NAME: Philip Dashner
14. MOTHER'S MAIDEN NAME: Clara Burton

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
---	---	none	Mrs. Clara Dashner, Gerst Ave.near Silver Spring Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 1, 1954, to Feb. 8, 1954, that I last saw the deceased alive on Feb. 5, 1954, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benton V. Fisk MD. 2436 E. Baltimore St. Balto 24 Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb.11,1954	Oak Lawn Cem.	Balto. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
2-11-54	L.L.	Philip Henry Sons	2024 Orleans St. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4838 Wright Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	C.	DEAVER	Feb.	16	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	July 27, 1882	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter (rtd)	Building (Home)	Maryland	

13. FATHER'S NAME: Amos Deaver
14. MOTHER'S MAIDEN NAME: Mary Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	(If yes, give war or dates of service)	Mr. Calvin A. Deaver-529 Allender Rd. Fullerton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
4201 Immediate cause	(a) Myocardial infarction	?
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	?
	(c) Coronary arteriosclerosis; Cardiac failure; CHS	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 15, 1954, to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harvey L. Fuller MD	Ridge Rd. Baltimore 6 Md	Feb 17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/19/54	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/54	[illegible] Deputy	Wm. J. Sickmey	Dixon Balto. 17, Md.

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MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Stella Maris Hospice

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Balto~~; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4; STREET ADDRESS (If rural, give location) 414 Park Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Mr. (Middle) Henry J. (Last) Denges

4. DATE OF DEATH: (Month) Feb. (Day) 28th (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug. 24, 1864

9. AGE last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): constum and Repair Shoe, SELF Emp/

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter M. Denges

14. MOTHER'S MAIDEN NAME: Eliza Deiter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: 2436 Penna. AveNW Rev. Joseph F. Denges, WashingtonDC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442 X Cardiac Edema — Interval between onset and death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio Renal Vascular disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to Feb 28, 1954, that I last saw the deceased alive on Feb 28, 1954 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F. Donnelland — ADDRESS 7501 York Rd Towson Md — DATE SIGNED 3/1/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mar 2, 1954 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3-1-54 — REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR Leonard J. Ruck — ADDRESS 5305 Harford Road.

Dr. O'Donnell
7501 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co. near Towson
STREET ADDRESS (If rural, give location) 4 Murdock Rd

3. NAME OF DECEASED: (Type or Print) (First) Wright (Middle) Blackistone (Last) Dent

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Apr 25 1878	75 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY:
Insurance	Insurance	St Marys Co. Md	U.S.

13. FATHER'S NAME: John W. Dent

14. MOTHER'S MAIDEN NAME: Lela Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-32-0782

17. INFORMANT & ADDRESS: Mrs Anne Dent - 4 Murdock Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Hypertension — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1954, to ——, 19....., that I last saw the deceased alive on 2/27, 1954, and that death occurred at 7.40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Howard L. Zepp M.D. 421 Hopkins Pl Balto 12 Md 2/27/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/1/54	Green Mount	Balto City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/1/54	[illegible]	Sherwood Memorial Co.	1080 Park Ave

1291

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Oakdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 117 Oakdale Ave.

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) E. (Last) DERR
4. DATE OF DEATH (Month) Feb. (Day) 19, (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug. 29, 1875
9. AGE last birthday: 78 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier (Rtd)
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hess
14. MOTHER'S MAIDEN NAME: Elizabeth Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Myrtle H. Cole-1519 Kingsway Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Vascular disease	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Stenosis Coronary	about 1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 25, 1953, to Aug 29, 1954, that I last saw the deceased alive on Aug 28, 1954 and that death occurred at 4 Am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thalia Dalbert ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/22/54
NAME OF CEMETERY OR CREMATORY: Lorraine Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 2-22-54
REGISTRAR'S SIGNATURE: Ann Hudson
24. FUNERAL DIRECTOR: Wm. J. Vickers & Sons ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]264

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 638 NORTH BEND RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE BALTIMORE COUNTY MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 638 NORTH BEND RD

3. NAME OF DECEASED: (Type or Print) (First) KATHRYN (Middle) LEONA (Last) DIXON

4. DATE OF DEATH: (Month) FEB. (Day) 19 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 12, 1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): BALTO. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DANIEL STRUBE

14. MOTHER'S MAIDEN NAME: ANNA MARIE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS MARIE WHITE, 638 NORTH BEND RD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 4-4 hrs X
(a) Cirrhosis of Liver — Congestive Heart Failure — Interval Between Onset And Death: 48 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardio Vascular - Renal Disease — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1954, to Jan 19, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 2:20 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 1933 W. Baltimore DATE SIGNED 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF FEB. 23/54

NAME OF CEMETERY OR CREMATORY WOODLAWN

LOCATION (City, town, or county) (State) WOODLAWN MD

DATE REC'D BY LOCAL REGISTRAR 2-23-54

REGISTRAR'S SIGNATURE W W Hopkins

24. FUNERAL DIRECTOR Harry F. Mentzer ADDRESS 4101 EDMONDSON AVE

150

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1293

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01365

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Mt. Wilson
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. #4, Westminster,
STREET ADDRESS (If rural give location) R.F.D. #4

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Drechsler, Sr.

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/8/1886

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Drechsler

14. MOTHER'S MAIDEN NAME: Angeline Long

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: William H. Drechsler, R.F.D. #4 Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Hypertensive Cardio-Vascular Disease — Interval Between Onset And Death: 4-5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerosis, General — 4-5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Injury of Testes (Rt.) Contusion — 3 Approx. yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19/, 1954, to 2/10/, 1954, that I last saw the deceased alive on 2/10/, 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ,M.D., Superintendent — ADDRESS Mt. Wilson, Md. — DATE SIGNED 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/13/54 — NAME OF CEMETERY OR CREMATORY Silver Run Cemetery — LOCATION (City, town, or county) (State) Carroll County, Md.

DATE REC'D BY LOCAL REGISTRAR 2/10/54 — REGISTRAR'S SIGNATURE Helen M. Klein

24. FUNERAL DIRECTOR — ADDRESS Bankard, 254 East Main St. Westminster, Maryland

VS. A15

RECEIVED
FEB 16
BUREAU V.

1254

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C 366

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 782 Charing Cross Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 782 Charing Cross Rd.

3. NAME OF DECEASED (Type or Print): (First) META (Middle) J. (Last) DUNGAN

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 8, 1889

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl Madsen

14. MOTHER'S MAIDEN NAME: Catherine --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Arthur E. Dungan -782 Charing Cross Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probably Cerebral Hemorrhage — Interval between onset and death: Several hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio Vascular — Interval between onset and death: About

(c) Disease — Interval between onset and death: 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis, arthritis of lumbar spine — 4 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12/, 19 51, to 2/5/, 19 54 that I last saw the deceased alive on 2/5/, 19 54, and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Theodore H. Morrison M.D. 11 E. Chase St 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 2/18/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park Crem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 2/16/54 | REGISTRAR'S SIGNATURE: (L W) Sedrick JCL

24. FUNERAL DIRECTOR | ADDRESS: Wm. J. Cullen & Sons Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH: Baltimore
COUNTY Cockeysville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 2 yrs 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Md
STREET ADDRESS (If rural, give location) 4209 East West Highway

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) Belle (Last) Dutrow

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 8 - 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 8- Days Hours Min. IF UNDER 24 HRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germantown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James L. Williams

14. MOTHER'S MAIDEN NAME: Sarah Jane Burdette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Heart Failure — Interval Between Onset and Death: 1 wk

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic-cardio-vascular disease — Interval: over 5 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia — 5 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Feb, 1954, that I last saw the deceased alive on Feb 23, 1954, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE Walter T. Yates (DEGREE OR TITLE) ADDRESS Cockeysville Md DATE SIGNED Feb 23 54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 2/26/54 NAME OF CEMETERY OR CREMATORY Monacy Cemetery LOCATION (City, town, or county) Baltorville (State) Md

DATE REC'D BY LOCAL REG. 2/26/54 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cole Inc. ADDRESS St Paul & Preston St

RECEIVED
MAR 1 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01268

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn
STREET ADDRESS (If rural, give location) 3731 Oak Ave

3. NAME OF DECEASED (Type or Print): (First) Mark (Middle) Lee (Last) Eberlein

4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 14 1952

9. AGE last birthday: 1 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Burton L Eberlein

14. MOTHER'S MAIDEN NAME: Veronica A Slattery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Burton L Eberlein 3731 Oak Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

Immediate cause (a) Bronchopneumonia - Lobar

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 19 54, to Feb 7, 19 54, that I last saw the deceased alive on Feb 7, 19 54, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Feb 9 1954
NAME OF CEMETERY OR CREMATORY: Woodlawn
LOCATION (City, town, or county) (State): Woodlawn Md

DATE REC'D BY LOCAL REG. 2-8-54

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Harry A Hancock

ADDRESS: 4204 Ridgewood Ave

15

1297

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Baltimore; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena; STREET ADDRESS (If rural give location) Lake Shore

3. NAME OF DECEASED: (Type or Print) (First) Jake (Middle) (Last) Ebert

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 3, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tobacco farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Charles Ebert

14. MOTHER'S MAIDEN NAME: Mary unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis Heart Disease, Pulmon. Edema

DUE TO (c) 420.0

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) /

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 19 54, to 2/23/, 19 54, that I last saw the deceased alive on 2/23, 19 54 and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stella Wachsler M.D ADDRESS Spring Grove State Hosp. DATE SIGNED 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/27/54; NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE ✓

24. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS 1017 N. Paul St.

VS. A15

1298

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. (7 (1)

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1521 E. 33rd St.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) H (Last) ECKERDT
4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	Widowed	Oct. 19, 1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (rtd)
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Post Office
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Eckerdt
14. MOTHER'S MAIDEN NAME: Elizabeth Siltman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-22-6556
17. INFORMANT AND ADDRESS: Mrs. Myrtle E. Hanna -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia - Terminal — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible] — 2 yrs
(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19.., to .. .. , 19.., that I last saw the deceased alive on ..... , 19.., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/5/54	Balto. Cem.	Balto., Md.

DATE REC'D BY LOCAL REG. 2/4/54 | REGISTRAR'S SIGNATURE Dr. Hedrick | 24. FUNERAL DIRECTOR. ADDRESS Wm. J. Vickery & Sons Balto. 17, Md.

VS. A15

MARGIN RESE' D FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING nly every item of information carefully. The correct

1254

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27412

1 PLACE OF DEATH: COUNTY ~~Baltimore~~ Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3425 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural give location) 3425 Washington Blvd.

3. NAME OF DECEASED: (First) Barbara (Middle) Eichelman (Last)
4. DATE OF DEATH: Month Feb. Day 2nd Year 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Dec. 4, 1886	67 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ---------Goeller
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS (Yes, no ink.) EASED EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: John Eichelman, 3425 Washington Blvd.

18. MEDICAL CERTIFICATION

ES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Imm diate cause (a) Carcinoma of Breast — 1 yr.

Antecedent causes (s) Diseases or conditions, if any, g rise to the above cause sta the underlying cause last. DUE TO (b) Metastasis (Ca.) of Spine — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1954, to Feb. 2, 1954, that I last saw the deceased alive on 2/2/54, 19.., and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE Frank Shipley, M.D. (Degree or title) ADDRESS Savage, Md. DATE SIGNED 2/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 6 54
NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Pk.
LOCATION (City, town, or county) (State) Dorsey, Md.
DATE REC'D BY LOCAL REGISTRAR 2/5/54
REGISTRAR'S SIGNATURE Mrs. Ledwick
24. FUNERAL DIRECTOR Harry T. Nitzke ADDRESS 4101 Edmondson Ave

N.B. Deceased was attended regularly by Dr. S.B. Cumbaugh, Elkridge, Md., who is now in Ohio. Hosp.

the causes of death clearly and legibly.
age is especially important. Physicians: ple

1293

(1272)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

M — The correct age

1 — MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
LENGTH OF STAY (in this place) 31yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarretsville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton, Maryland
STREET ADDRESS (If rural, give location) Jarretsville Rd.

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) ~~Ford~~ Lewis (Last) Eicholtz
4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 16, 1892
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worker
10b. KIND OF BUSINESS OR INDUSTRY: Scott Paper Co.
11. BIRTHPLACE (State or foreign country): Cairo, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Henry Eicholtz
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 111-10-7648
17. INFORMANT AND ADDRESS: Mrs. A. Irene Eicholtz, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X

Immediate cause (a) Congestive heart failure — 1 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bronchial Asthma — Many yrs. Exact onset unknown.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Feb. 3, 1954, that I last saw the deceased alive on Feb. 3, 1954, and that death occurred at Approx. 6 a.m., from the causes and on the date stated above.

SIGNATURE: Robt. Barthst — (Degree or title) M. D. — ADDRESS: Forest Hill, Maryland — DATE SIGNED: 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-27-54 — NAME OF CEMETERY OR CREMATORY: Glenwalker Methodist — LOCATION (City, town, or county) (State): Monkton, Md.

DATE REC'D BY LOCAL REG.: Feb. 26, 1954 — REGISTRAR'S SIGNATURE: M. Elizabeth Counsel — 24. FUNERAL DIRECTOR — ADDRESS: J. Scott Dietz, Sparks, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01273

CERTIFICATE OF DEATH

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) — LENGTH OF STAY (in this place) 73 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2548 LIBERTY PKWY.	STREET ADDRESS (If rural, give location) 2548 LIBERTY PKWY.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	—	EVERETT	2	3	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W.	MARRIED	17 AUG. 1904	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELECTRICIAN	STEEL MFGR	VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. EVERETT	B. FRANCES (MAIDEN UNK.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO NO	213-07-2069	THELMA M. EVERETT — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332X Immediate cause	(a) Uremia	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis & hemiplegia	3 years
	(c) Cerebral arteriosclerosis	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 50, to Feb, 19 54, that I last saw the deceased alive on 1 Feb, 19 54, and that death occurred at 11:23 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature], M.D.		2900 Duncan Rd Dundalk-22nd	4 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	2-5-54	OAK LAWN	BALTO. CO., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	[signature]	Walter Burke Bradley	Dundalk, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1324

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belmont Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural give location) Belmont Rd

3. NAME OF DECEASED: (Type or Print) (First) G (Middle) Bernard (Last) Fenwick

4. DATE OF DEATH: (Month) Feb (Day) 10 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 16 1881

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry A. Fenwick

14. MOTHER'S MAIDEN NAME: Gay Tiernan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Chas. C Fenwick Glyndon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary thrombosis — 420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30-, 1953, to now, 19..., that I last saw the deceased alive on 2-8-, 19 54 and that death occurred at 2-10-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Walter Landon M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED 2-10-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 12 1954 — NAME OF CEMETERY OR CREMATORY Green Mount — LOCATION (City, town, or county) (State) Balto., Md

DATE REC'D BY LOCAL REGISTRAR 2-11-54 — REGISTRAR'S SIGNATURE —

24. FUNERAL DIRECTOR H.M. Jenkins & Sons Co — ADDRESS 4905 York Rd

Items 18&21 Film G161 2/19/54 ams

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 1275

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct. age is especially important. Physicians: please write the uses of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Timonium
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd. & Harding Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Timonium
STREET ADDRESS (If rural, give location) York Rd. & Harding Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) GILLESPIE (Last) FERRY

4. DATE OF DEATH (Month) Feb. (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 31, 1882

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Cassels

14. MOTHER'S MAIDEN NAME: Jessie Haddow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

970.7

Immediate cause (a) Acute barbiturate poisoning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Timonium (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) 2/9/54 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Ingested overdose barbiturate

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. B. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 13, 1954

NAME OF CEMETERY OR CREMATORY Jessop's Methodist Cemetery

LOCATION (City, town, or county) (State) Cockeysville, Maryland

DATE REC'D BY LOCAL REG. 2/15/54

REGISTRAR'S SIGNATURE Wm. J. Chilcoat

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Maryland — **ADDRESS**

VS. A15A - 5 - 53

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BUREAU V. S.

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1276)

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Jerusalem Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville; STREET ADDRESS (If rural, give location) Jerusalem Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Lund (Last) Field

4. DATE OF DEATH: (Month) Feb. (Day) 6, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec. 2, 1866

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: Mr. Bernard Neser Kingsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis — 2 wks.

(c) Arteriosclerosis - generalized

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. La Grippe Jan 5-10-54.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1954, to Feb. 6, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE: Isabel H. McClintock (Degree or title) M.D. ADDRESS: Kingsville, Md. DATE SIGNED: Feb. 6. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/8/54 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 2-8-54 — REGISTRAR'S SIGNATURE: J. Pitcher

24. FUNERAL DIRECTOR: Paul A. Heemann — ADDRESS: 6067 Harford Road

55

1303

MARYLAND

STATE DEPARTMENT OF HEALTH

01277

CERTIFICATE OF DEATH

Reg. Dist. No. 3d

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give name of) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8411 D Loch Raven Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8411 D Loch Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) Miss. (Middle) Patricia Lyn (Last) Finucan

4. DATE OF DEATH: (Month) Feb. (Day) 2nd (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Feb 10, 1943

9. AGE last birthday: 10 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Finucan

14. MOTHER'S MAIDEN NAME: Evelyn Gensler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. T.J.Finucan, 8411 D Loch Raven.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 5918 Pulmonary edema + Congestive-

Antecedent cause(s) Tetany + Convulsions

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerulo nephritis (c) Nephrosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cachexia + inanition

INTERVAL BETWEEN ONSET AND DEATH: 9½ yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Feb 2, 1954, that I last saw the deceased alive on Feb 1, 1954, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald W. Mintz MD. ADDRESS 3809 Evergreen Ave Balto 14 Md. DATE SIGNED Feb 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 5, 1954 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2-4-54 — REGISTRAR'S SIGNATURE: a w Hodent

24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road.

JSS

Dr. Mintzer
Evergreen

Film#0161 Item# 9
2/28/54 emf

Former Residence 130 N. Monroe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1304

Reg. Dist. No. 1278

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Sinai Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural give location) 6811 Campfield Rd

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) (Last) Hochlich

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: June 7, 1880

9. AGE last birthday: 73 Yrs. 7 Mos. 9 Days. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ludwig Brendel

14. MOTHER'S MAIDEN NAME: Marie Huber

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Arterio-Sclerotic Heart	10 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Disease with Mitral Stenosis.	
	DUE TO (c) Chronic Nephritis	5 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized Arterio-Sclerosis.	5 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1949, to Feb. 16, 1954, that I last saw the deceased alive on Feb. 14, 1954, and that death occurred at ... , from the causes and on the date stated above.

SIGNATURE Earl L. Chambers (Degree or title) M.D. ADDRESS 4108 Liberty Hts. Ave. Balto. 7 Md. (State) DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Feb. 18, 1954; NAME OF CEMETERY OR CREMATORY Woodlawn Mem.; LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Paul Bellmann ADDRESS 6067 Harf. Rd.

VS. A15

1305

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(1280)

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova — LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easy Road Cobb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) Essex Rd.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Friedel (Last)

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 9-1874

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: For Self

11. BIRTHPLACE (State or foreign country): Jaffa - Jerusalem

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Carl Friedel

14. MOTHER'S MAIDEN NAME: Maria Paulus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Anna Friedel - Essex Rd.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
352 X Immediate cause	(a) Terminal pneumonia	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Dyspnea due to decubitus	
	DUE TO (c) Paralysis & confinement to bed	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 2/26/, 1954, that I last saw the deceased alive on 2/25/, 1954, and that death occurred at 9 P M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin — ADDRESS Randallstown, Md — DATE SIGNED 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-28-54 — NAME OF CEMETERY OR CREMATORY Mt. Carmel — LOCATION (City, town, or county) Oakland Garrett Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/27/54 — REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Harold H. Mercer — ADDRESS Pikesville, Md.

VS. A15

RECEIVED
MAR
BUREAU V. S.

1306

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 342 POPLAR RD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural give location) 342 POPLAR RD

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) FUNK

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 1/30/71

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AUGUST SCHAPER

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS LEWIS HIRONS 342 POPLAR RD

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Coronary Occlusion	48 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	10 years
260X	DUE TO (c) Diabetes mellitus	5 years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Abdominal Aortic Aneurysm	

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Essex (COUNTY) Baltimore (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to Feb., 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 6 30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Eugene P. Shanahan M.D.
ADDRESS 413 Eastern Ave Essex
DATE SIGNED Feb 22, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 2/24/54
NAME OF CEMETERY OR CREMATORY OAK LAWN
LOCATION (City, town, or county) (State) BALTIMORE MD

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Clarence F Hoffman
ADDRESS 1639 Broadway

VS. A15

51307

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard, Md.; LENGTH OF STAY (In this place): 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 2542 McCulloh Street

3. NAME OF DECEASED (Type or Print): (First) LINWOOD (Middle) (NMI) (Last) GARDNER

4. DATE OF DEATH (Month) (Day) (Year): February 22 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-25-93

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Beaver Dam, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gardner

14. MOTHER'S MAIDEN NAME: Martha Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.,Hosp.Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EMPHYSEMA: COR PULMONALE; PNEUMONIA — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Contusion & Laceration left eyebrow; Contusions of frontal lobe:Cerebral edema — 3 Days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Death Feby 22.1954 m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): J.M. Gaernme, M.D. ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 22 Md. DATE SIGNED: Feb 23/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-26-54 — NAME OF CEMETERY OR CREMATORY: Greenlevel — LOCATION (City, town, or county) (State): Cumberland, Va.

DATE REC'D BY LOCAL REG.: 2-24-54 — REGISTRAR'S SIGNATURE: D W Hedrick

24. FUNERAL DIRECTOR: Samuel Sullivan Funeral Home — ADDRESS: 1011 Arlington Ave. Balto, Maryland

1308

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Padonia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) Padonia Rd.

3. NAME OF DECEASED: (First) Elizabeth (Middle) B. (Last) Hartlung
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1954
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Jan 31, 1903
9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Long
14. MOTHER'S MAIDEN NAME: Rosella Wortman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-18-7618
17. INFORMANT & ADDRESS: Mrs Alda Sutton, Cockeysville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X
Immediate cause (a) Carcinoma of bladder — Interval Between Onset And Death: 3 yrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis + Cachexia
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-38 to 2-28-, 1954, that I last saw the deceased alive on 2-27-54, and that death occurred at 7:15 AM, from the causes and on the date stated above.
SIGNATURE (Address or title) James G. Sollett M.D. — ADDRESS Reisterstown Md — DATE SIGNED 3-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-3-54 — NAME OF CEMETERY OR CREMATORY Grace Methodist — LOCATION (City, town, or county) Cockeysville — (State) Md

DATE REC'D BY LOCAL REGISTRAR 3 March 1954 — REGISTRAR'S SIGNATURE Ann Armistead MacRae

24. FUNERAL DIRECTOR — ADDRESS T. Scott Brooks, Sparks, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 384

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (In this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3001 Delmar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Alfred (Last) George

4. DATE OF DEATH (Month) Feby (Day) 16 (Year) 1954

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED:** (Specify) Married **8. DATE OF BIRTH:** Sept 8 1885 **9. AGE** last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Com. Photographer **10b. KIND OF BUSINESS OR INDUSTRY:** Retired **11. BIRTHPLACE** (State or foreign country): Balto. Co. Md. **12. CITIZEN OF WHAT COUNTRY:** U.S.A.

13. FATHER'S NAME: George A. George **14. MOTHER'S MAIDEN NAME:** Sophia Schuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-07-1429
17. INFORMANT & ADDRESS: Mrs Agnes George 3001 Delmar Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: 1/2 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pulmonary edema — Several days

DUE TO

(c) Senile Psychosis — Several days

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 2-16-1954 1040 P M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H McCarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☒ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 20. 1954 — NAME OF CEMETERY OR CREMATORY Oak Lawn — LOCATION (City, town, or county) (State) Govgate Md

DATE REC'D BY LOCAL REG. 2/19/54 — REGISTRAR'S SIGNATURE A W Hedrick — **24. FUNERAL DIRECTOR** Gilbert Funeral Home — ADDRESS 2112 Llandell

JCZ

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1310

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1285

CERTIFICATE OF DEATH

Reg. Dist. No. 3 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 Cliffedge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 714 Cliffedge Rd

3. NAME OF DECEASED: (Type or Print) (First) Doris (Middle) Louise (Last) GILL

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married — 8. DATE OF BIRTH: 16 May 1916 — 9. AGE last birthday: 37 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): maryland — 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Sam H. Fox — 14. MOTHER'S MAIDEN NAME: Mary Elizabeth Veasey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) — — 16. SOCIAL SECURITY No.: 213 01 7318 — 17. INFORMANT & ADDRESS: Mr. William Gill 714 Cliffedge Rd Pikesville 8 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Few minutes.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 1 Feb, 1954, that I last saw the deceased alive on June, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul H Royer M.D. — Pikesville 8 Md — 1 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/3/54 — NAME OF CEMETERY OR CREMATORY Mt. Olive — LOCATION (City, town, or county) (State) Rockdale Balto Co Md

DATE REC'D BY LOCAL REGISTRAR 2/3/54 — REGISTRAR'S SIGNATURE H W Holland Deputy

24. FUNERAL DIRECTOR Loring Byers — ADDRESS 5005 Park Heights Balto 15, Md.

1311

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 54

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 112 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 246 N. Payson Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H (Last) GIRVIN

4. DATE OF DEATH (Month) (Day) (Year): February 1 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/19/84

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Girvin

14. MOTHER'S MAIDEN NAME: Mary Ellen Donovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 216-03-1168

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Oct. 12 ..., 1953..., to Feb. 1..., 19 54, that [redacted] and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VALDIGRET, M.D. (Degree or title)

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 2-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2-4-54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2-3-53

REGISTRAR'S SIGNATURE: Ann Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Rd. Balto, Maryland

1312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(1287) Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Since 6.24.48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 139 Front St

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) (Last) PLASS

4. DATE OF DEATH: (Month) 2 (Day) 17 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	Unknown	56 7 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Russia	Russia

13. FATHER'S NAME: Unknown ?

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Records Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

170X

Immediate cause (a) Carcinoma of Breast & Axillary Metastasis — 1 yr 9 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 1 yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1.14.54	Ca of Breast & Axillary Metastasis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Feb 17, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. S. Harmon-Wardmaster — ADDRESS Spring Grove State Hosp. Catonsville 28 Md. — DATE SIGNED 2.17.54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-18-54	Rosedale	Balto	Md

DATE REC'D BY LOCAL REGISTRAR 2-17-54 — REGISTRAR'S SIGNATURE V. E. Harry — 24. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eutaw Pl.

VS. A15

RECEIVED
BUREAU V. S.

Film#G161 Item# 9,13 2/18/54 emf

313

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01288

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville X
LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Pikesville)
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (First) Edward (Middle) S. (Last) Guerth (Type or Print)

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 19 54

5. SEX: [illegible]

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE Last birthday: 80 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] Guerth

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Rec'd from Auth'z. Home [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Bronchio - Pneumonia — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) - Arterio - Sclerotic Heart Disease — 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Generalized Arterio - Sclerosis - 6 years

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1 ..., 19 53, to Feb. 7, 19 54, that I last saw the deceased alive on Feb. 4, 19 54, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers (Degree or title) M.D. ADDRESS: 4108 Gilbert Ht. Com. Balto. 9 Md. DATE SIGNED

23. **BURIAL, CREMATION, REMOVAL** (Specify): Burial — **DATE THEREOF:** Feb. 10, 54 — **NAME OF CEMETERY OR CREMATORY:** Loudon Pk. — **LOCATION** (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR: 2-9-54 — **REGISTRAR'S SIGNATURE:** A W Hedrick

24. **FUNERAL DIRECTOR** — **ADDRESS**

VS. A15

1314

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; STREET ADDRESS (If rural, give location) 4304 Necker Ave

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) Frederick (Last) Hanf

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/20/1891

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artificial

10b. KIND OF BUSINESS OR INDUSTRY: Balto County

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gottlieb A Hanf

14. MOTHER'S MAIDEN NAME: Johanna Dietz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-28-6607

17. INFORMANT AND ADDRESS: Mrs Hanf 4304 Necker Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, vascular insufficiency — Interval between onset and death: ind. sen

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 12 yrs

(c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Willis K. Hudson (Degree or title) M.D. ADDRESS: PME Towson Md DATE SIGNED: 2/17/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: 2/20/54 | NAME OF CEMETERY OR CREMATORY: Parkwood | LOCATION (City, town, or county): Balto (State): Md

DATE RECD BY LOCAL REG. 2/20/54 | REGISTRAR'S SIGNATURE: W M Hammond | 24. FUNERAL DIRECTOR: Lazarus Funeral Home | ADDRESS: 7401 Bonair Rd

Balto Co Md

FEB

1253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 91 42

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethrope
LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cradock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethrope
STREET ADDRESS (If rural, give location) Northeast Ave.

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Harley (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 1888

9. AGE last birthday: 65 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Trinidad West Indies

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret Summers 1414 N. Eden St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

434.1
Immediate cause (a) Cardiac, Valvular Disease
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broken Compensation, Dropsy
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1953, to Feb 27, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Thos. Woolridge (DEGREE OR TITLE) M.D. ADDRESS R.4 Box 27 Elkridge DATE SIGNED Mch 3-54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF 3/4/1954 — NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem — LOCATION (City, town, or county) (State) Cedar Hill Md.

DATE REC'D BY LOCAL REG. 3-3-54 — REGISTRAR'S SIGNATURE A.S. Hedrick

24. FUNERAL DIRECTOR Miss Estes R. Williams — ADDRESS 3221 Sherwood St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61591

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco (Rural) LENGTH OF STAY (In this place) 1 yr 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) M (Last) HASTINGS
4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 18 1891
9. AGE last birthday: 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Stephen Johnson
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Wm. M Hastings. Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X
Immediate cause (a) Bronchopneumonia — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bronchiogenic Carcinoma — 10 months
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.50., to Feb. 18, 19.54, that I last saw the deceased alive on Feb. 18, 1954, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown Md.	2/19/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 21/54	St Pauls	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-19-54	Mary B. Elvie.	Edw A Tipton	Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB
BUREAU V. S.

316

MARYLAND

STATE DEPARTMETT OF HEALTH

#1292

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 21 O'Bryan Court

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) E. (Last) HEBRON

4. DATE OF DEATH: (Month) February (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/11/17

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dishwasher

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Hebron

14. MOTHER'S MAIDEN NAME: Elnore Colbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002.X

Immediate cause (a). PULMONARY TUBERCULOSIS; MILIARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....FATTY LIVER WITH SLIGHT CIRRHOSIS — UNKNOWN

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 17 ..., 1954.., to Feb. 18 ....., 19 54, ~~that I last saw the deceased alive on [illegible] 19..~~ and that death occurred at 1:45 Pm., from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2-23-54

NAME OF CEMETERY OR CREMATORY: Annapolis National

LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Feb. 22, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: WILLIAM REESE — ADDRESS: 107 W. Washington,St. Annapolis, Md

Film#G161 Item# 3,13,14 2/18/54 emf

1317

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ore Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: altimore
STREET ADDRESS (If rural, give location): 4228 Pimlico Road

3. NAME OF DECEASED (Type or Print): (First) Also Known (Middle) as Ted (Last) ISRAEL (NMI) HERMALIN

4. DATE OF DEATH: (Month) FEBRUARY (Day) 7 (Year) 19 54

5. SEX: Mal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-15-96

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rumania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Hermalin

14. MOTHER'S MAIDEN NAME: Lady unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: --Clin. ec., Vet.Adm. osp., Ft. oward, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) ACUTE MYOCARDIAL INFARCTION — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1954, to Feb. 7, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Abraham A. Polacheck, M.D. — ADDRESS [illegible] — DATE SIGNED 2-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-8-1954 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2-8-54 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: Jack Lewis Funeral Home — ADDRESS: 2100 Eutaw Place, Baltimore, Md.

JJ

1318.

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND LENGTH OF STAY (In this place): 1673 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1726 M Street, NW

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) MICKEY

4. DATE OF DEATH (Month) (Day) (Year): February 14, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-1-1882

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nurse

11. BIRTHPLACE (State or foreign country): Springfield, Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel J. Mc Carthy

14. MOTHER'S MAIDEN NAME: Ida Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec. Vet.Adm.Hosp. Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a): CARCINOMA OF CECUM — Interval between onset and death: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☒ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1949, to Feb. 14, 1954, that I last saw the deceased [redacted] and that death occurred at 11:30 A. m., from the causes and on the date stated above.

[redacted] (Degree or title)
SIGNATURE

ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 2-14-54

WILLIAM B. VANDEGRIFT, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2/18/54 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: Feb. 15-54 | REGISTRAR'S SIGNATURE: Dawson L. Farber

24. Joseph Gawler's Sons Inc. ADDRESS: 1756 Pennsylvania Avenue, N.W. Washington D. C.

1319

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1285

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase md — LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase md
STREET ADDRESS (If rural, give location) Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) David (Middle) H. (Last) Hickman
4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 19 54

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: march 2 1881 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Glenn Martin Co
11. BIRTHPLACE (State or foreign country): —
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Caleb Hickman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr Robt Hickman Eastern Ave Chase md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 **Immediate cause** (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF — office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. R. Davis MD — (Degree or title): Dep. Med. Exam. — ADDRESS: Dundalk Md — DATE SIGNED: 2/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/8/54 — NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem — LOCATION (City, town, or county): Camden — (State): Del

DATE REC'D BY LOCAL REG. 2/11/54 — REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR: Lansdale Funeral Home — ADDRESS: 7401 Belair Rd

VS. A15A

RECEIVED
FEB 13 ...
BUREAU V. S.

1320

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1298

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Catonsville
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3511 Kenyon Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Landora (Last) Hicks

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7-16-1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Hoffman

14. MOTHER'S MAIDEN NAME: Betty Gooding

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 9047 (a) UR Arteriosclerotic cardiovascular Dis — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Fractured R.t. hip — 5 wks
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis due to arteriosclerosis — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Hospital
(CITY OR TOWN) (COUNTY) (STATE): Catonsville - Baltimore, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 2, 1954. 11:00 a.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Fell in bathroom at the hospital

22. I hereby certify that I attended the deceased from 9/37, 19 51, to Feb 16, 19 54, that I last saw the deceased alive on Feb 16, 19 54, and that death occurred at 5 05 am, from the causes and on the date stated above.

SIGNATURE (Degree or title): Frederick L Phillips, MD
ADDRESS: Spring Grove Hosp
DATE SIGNED: 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 2/16/54
NAME OF CEMETERY OR CREMATORY: Orange
LOCATION (City, town, or county) (State): Orange Va.

DATE RECD BY LOCAL REGISTRAR: 2/16/54
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St

1324

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Supt. Residence, Druid Ridge Cem

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) Supt. Residence, Druid Ridge Cemetary

3. NAME OF DECEASED: (First) Hattie (Middle) Emma (Last) Hitchcock
4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 8 July 1899
9. AGE last birthday: 54 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: William P Freeny
14. MOTHER'S MAIDEN NAME: Bertha Renninger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no.
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: mr J A. Hitchcock, RD Box 210 Pikesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic cardiovascular renal disease — Interval Between Onset And Death: 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Diabetes mellitus — 4 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1951, to 7 Feb, 1954, that I last saw the deceased alive on 7 Feb, 1954, and that death occurred at 2.25 P.M., from the causes and on the date stated above.

SIGNATURE: Paul H Royer (Degree or title) M.D. ADDRESS: Pikesville Md DATE SIGNED: 7 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-10-54
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county): Pikesville
(State): Md

DATE REC'D BY LOCAL REGISTRAR: 2-8-54
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: John O. Mitchell & Sons
ADDRESS: 1900 Eutaw Place

JST

1322

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12298

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Old Court Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural give location) 101 Old Court Rd

3. NAME OF DECEASED: (Type or Print) (First) Rezin (Middle) Hammond W. (Last) Hobbs

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 29-1879

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Auctioneer

10b. KIND OF BUSINESS OR INDUSTRY: Auction Sales

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Caleb S. Hobbs

14. MOTHER'S MAIDEN NAME: Rachel A. Worthington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 216-18-6572

17. INFORMANT & ADDRESS: Dr. Donald Hobbs - Pikesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia — Interval Between Onset And Death: 48 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Lung Metastases, bone metastases — 6 mos

DUE TO

(c) Carcinoma of the mouth — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Liver.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..... 1946, to Feb 16, 1954, that I last saw the deceased alive on Feb 16 1954, and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE Louis J. Dalmas (Degree or title) ADDRESS Pikesville Md DATE SIGNED 2/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2-19-54; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) Randallstown, (State) Md

DATE RECD BY LOCAL REGISTRAR 2/18/54; REGISTRAR'S SIGNATURE R E Nichols

24. FUNERAL DIRECTOR Frank H. Meurer — ADDRESS Pikesville, Md

VS. A15

RECEIVED
1874
BUREAU V. S.

1242

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0129
41

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Wise Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD, COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) (Inverness)
STREET ADDRESS (If rural, give location) 114 Wise Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EUDORA	AMERICA	HOFFMAN	2/10/54 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	widowed	Aug. 21, 1884	69 yrs.		

10a. USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Essex Co, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Robert Cox	Josephine Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No No		Mrs. Margaret Cox, 2711 Southern Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X
Immediate cause (a) Chronic Myocarditis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Dundalk 22	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
2/10/54 11 A.m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.B. DAVIS (DEP. MED. EXAM.)	MD.	6900 MORNINGTON ROAD, DUNDALK	2/10/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/13/1954	Cedar Hill Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 12, 1954	H. W. Hewitt Jr.	Leonard J. Ruck,	5305 Harford Road.

1243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01360

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: BALTO — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK (2) — LENGTH OF STAY (in this place): 15 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2902 LIBERTY PKWY

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: SAME — COUNTY: ADDRESS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) OTTO (Middle) A. B. (Last) HOOPER

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 19 54

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: 9-28-92 | 9. AGE (Last birthday): 61 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PIECE RATE SETTER | 10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD | 11. BIRTHPLACE (State or foreign country): OKLAHOMA | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ROBT. P. HOOPER | 14. MOTHER'S MAIDEN NAME: NANCY RIDENOUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES | (If year, give war or dates of service): WW I | 16. SOCIAL SECURITY NO.: 213-07-9516 | 17. INFORMANT AND ADDRESS: MYRTLE J. HOOPER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Accident — Interval Between Onset and Death: 3 Yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Hypertensive Cardio-Vascular Renal Disease — (7)

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953 to Feb. 21, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE: W B Davis M.D. | (Degree or title) | ADDRESS: Dundalk 22 Md | DATE SIGNED: Feb 21, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 2-23-54 | NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL | LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REG.: Feb. 22-1954 | REGISTRAR'S SIGNATURE: William M. Kelly | 24. FUNERAL DIRECTOR: Little Brooks Bradley | ADDRESS: Dundalk, Md.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore - 19. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Sparrows Pt. LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7316 Walman Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN as
STREET ADDRESS (If rural give location) # 1

3. NAME OF DECEASED: (First) DOLORES (Middle) (Last) HULL
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1954.
5. SEX: Fem.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: 7/23/1895
9. AGE Last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Philadelphia. Pa
12. CITIZEN OF WHAT COUNTRY? U.S.a
13. FATHER'S NAME: Phillip Lang.
14. MOTHER'S MAIDEN NAME: Nellie Newbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: John Hull - Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
155 X
Immediate cause (a) Adeno Carcinoma Liver - (primary. Interval Between Onset And Death 3 mo.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis: 11 mo.

19a. DATE OF OPERATION: Jan 7. 54. 19b. MAJOR FINDINGS OF OPERATION Cholelithiasis + Carcinoma Liver. 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 53 to Feb 17, 19 54, that I last saw the deceased alive on Feb 15, 19 54 and that death occurred at 4:25A, from the causes and on the date stated above.
SIGNATURE Louis N. Tollin. (Degree or title) M.D. ADDRESS 6908 North Pt. Rd Balto 19. DATE SIGNED (2-17-54)

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 2-19-54 NAME OF CEMETERY OR CREMATORY BELAIR MEM. LOCATION (City, town, or county) (State) BELAIR, Md.

DATE REC'D BY LOCAL REGISTRAR Feb 19 any 19-54 REGISTRAR'S SIGNATURE Dawson L. Fowler

24. FUNERAL DIRECTOR Walter Burke Handley ADDRESS Glenelg, Md.

VS. A15

FEB
BUREAU V. S.

X244

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01302

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22) LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7291 HOLMBIRD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) SAME

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	KARL	IDAHL	2	15	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	12-15-1915	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CHECKER	SOAP MFGR.	OHIO	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALFRED K. IDAHL	ETHEL JOLLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES WW II	232-24-1896	BLANCHE IDAHL - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
976X Immediate cause	(a) Gun Shot Wound left Temple	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 32 Cal. Suicide	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Home	(CITY OR TOWN)	(COUNTY)	(STATE)
		Dundalk-22 Md	Balto	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
2-14-54 — m.		Shot Self Thru Temple

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. G. Davis	MD - Dep. Med. Exam.	Dundalk, Md	2/16/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-19-54	COLUMBIANA CO. MEM.	E. LIVERPOOL, OHIO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 16 1954	William M. Kelly	Walter Burke Funeral Dir.	Dundalk, Md

RECEIVED
FEB
BUREAU V. S.

1324

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02315

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Shipley Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 26 Shipley Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) L (Last) Jackson

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 13, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Anderson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mr. Marshall Jackson 26 Shipley Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

572.2

Immediate cause (a) Chr. Ulcerative Illeocolitis DUE TO — Interval Between Onset and Death: 6 mo-10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anemia - Diabetes — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-10-, 1953 to 2-16-, 1954, that I last saw the deceased alive on 2-16-, 1954, and that death occurred at 7.05 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Leit Maloney M.D. 57 Winterset Lane Catonsville 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-19-54

NAME OF CEMETERY OR CREMATORY: Hopkins Chapel

LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: 2/18/54

REGISTRAR'S SIGNATURE: H. W. Hebert Deputy

24. FUNERAL DIRECTOR: Mortimer A. Hawley & Bidden

ADDRESS: 578

1325

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

013163 KY

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3416 E. Pratt

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) A. (Last) JACOBS

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/29/88

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY: PLUMBING

11. BIRTHPLACE (State or foreign country): Saco, Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jacobs

14. MOTHER'S MAIDEN NAME: Elizabeth Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212-05-7641

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR DISEASE	UNKNOWN
	(c)	

4437

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 2, 1954, to Feb. 13, 1954, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

SIGNATURE David W. Parke (Degree or title) DAVID W. PARKE, M.D ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2-16-54 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG. 2/10/54 | REGISTRAR'S SIGNATURE Esther Roderick Deputy

24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009 Harford Rd Baltimore, Md
Mildred T. Blight

1326

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeberg LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Henry Hilton~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Raspeberg
STREET ADDRESS (If rural, give location) 5415 McCormick ave

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) William (Last) Jacobs
4. DATE OF DEATH (Month) Feby (Day) 4 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 04/2/1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Contr. Finish Work
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Wm Jacobs
14. MOTHER'S MAIDEN NAME: ? Vinker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-01-2895
17. INFORMANT & ADDRESS: Mrs H. W. Jacobs 5415 McCormick ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio Vascular Disease	6 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-4 1954 5P M. 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J McCarmine M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED Feby 4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 2/8/54 NAME OF CEMETERY OR CREMATORY Parkwood Cem LOCATION (City, town, or county) Baltimore City (State) md

DATE REC'D BY LOCAL REG. Feb 4-1954 REGISTRAR'S SIGNATURE Mrs D. S. Reifsnider

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
FEB
BUREAU V. S.

1327

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chattalonee
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chattalonee
STREET ADDRESS (If rural, give location): Valley Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) W. (Last) Jones

4. DATE OF DEATH: (Month) 2- (Day) 6- (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2- 22-1867

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jones Jones

14. MOTHER'S MAIDEN NAME: Hannah Strothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Mary Jones Valley Road.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) advanced arteriosclerosis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe burn right shin bone	34 days
	(c) Toxemia + shock from burn.	34 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Burn
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Chattalonee (COUNTY): Balto (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 2 '54 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY occur? Set curtains on fire while dozing

22. I hereby certify that I attended the deceased from Nov., 1932, to Feb 6, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE: Edwin F. Williams (Degree or title): M.D. ADDRESS: Pikesville Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-8-54
NAME OF CEMETERY OR CREMATORY: St Peters Cem
LOCATION (City, town, or county): Dickerstown
(State): Md

DATE REC'D BY LOCAL REG.: 2-8-54
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: W. Frank A. Hensley & J. Bridges
ADDRESS: 218

1328

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

[redacted] 306

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1610 Frederick Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore --
STREET ADDRESS (If rural, give location) 3106 Loch Raven Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIS	V.	JUNG	Feb. 21, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	Sept. 19, 1856	97 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	self employed	Germany ✓	unknown

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gottleib Jung	Unknown

15. WA DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
?		Mr. Walter Jung - 3106 Loch Raven Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2
Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Degenerative Heart Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 19 53, to Feb 21, 19 54, that I last saw the deceased alive on 20 Feb, 19 54, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Lee Smith M.D. 1707 Edmondson Ave. Catonsville 28 Md 22 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	V L L	Wm. J. Pickney & Sons	Balto 17, Md

VS. A15

1329

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1954

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

LENGTH OF STAY (in this place): Two yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 3505 Hillsmere Road

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) Louise (Last) Kapfer

4. DATE OF DEATH: (Month) Feb. (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-28-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thomas Kapfer

14. MOTHER'S MAIDEN NAME: ELIZABETH GROTTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-7914

17. INFORMANT & ADDRESS: John V. Kapfer 3505 Hillsmere R

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 450.0

(a) Septicaemia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hemorrhage Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1954, to Feb. 9, 1954, that I last saw the deceased alive on Feb. 4, 1954, and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE: Chas. J. Pfeiffer (Degree or title) M.D. ADDRESS: 4509 Liberty Heights Ave. DATE SIGNED: 2-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-12-54 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/10/54 — REGISTRAR'S SIGNATURE: C. V. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Ellsworth Armacost

Ellsworth Armacost
4600 Liberty Heights Avenue

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Owings Mills
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crondall Lane, Owings Mills

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Owings Mills
STREET ADDRESS (If rural give location): Crondall Lane, Owings Mills.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) V. (Last) Keller

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Paul Linde

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Owings- Dr. Frank M. Keller, Crondall Lane, Mills.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Cerebral embolus — Interval Between Onset And Death: 5 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: arteriosclerosis — recent years

(c): hypertension — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1- 1940 to 2-8- 1954, that I last saw the deceased alive on 2-7- 1954 and that death occurred at 12 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): James D. Duffy M.D. ADDRESS: Reisterstown Md DATE SIGNED: 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 12, 1954 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry A. Whitfield — ADDRESS: 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1245

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61611

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE COUNTY MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TURNERS STA.; LENGTH OF STAY (in this place) 35 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 OAK ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TURNERS STATION; STREET ADDRESS (If rural, give location) 104 OAK - ST.

3. NAME OF DECEASED (Type or Print): (First) LAZARUS (Middle) (Last) KELLY

4. DATE OF DEATH: (Month) February (Day) 14th (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: COL

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 3/15/1884

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Steel mills

11. BIRTHPLACE (State or foreign country): LANCASTER COUNTY VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM KELLY VA

14. MOTHER'S MAIDEN NAME: CHARLOTTE ? VA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: REV. FANNIE KELLY. OAK ST. 104 TURNERS STA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension arteriosclerosis

(c)

Interval between onset and death: (a) February 14th 1954; (b) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1953, to February 14th 1954, that I last saw the deceased alive on February 14th 1954, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Thomas, M.D. 16 N. Paint 2/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE 2-18-54; NAME OF CEMETERY OR CREMATORY ARBUTUS MEM. PARK; LOCATION (City, town, or county) ARBUTUS (State) Md

DATE REC'D BY LOCAL REG. 2/15/54; REGISTRAR'S SIGNATURE Chas Reed; 24. FUNERAL DIRECTOR William A. Jackson; ADDRESS 916 Penna ave

Doyle

Item 9: Filed 2/10/54

1248

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2980 Cornwall Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 2980 Cornwall Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
PAUL ISAAC KELLY	February 4 1954	Male	white	MARRIED	9-17-1909	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FOOD SERVEYOR	RESTAURANT	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
ISAAC KELLY	MARY MEEHAN	NO NO	217-04-0560	ANNE M. KELLY, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Fatty infiltration of liver	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Lobar pneumonia, left lower lobe	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		Partial

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William M. Kelly M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Feb. 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-8-54	OAK LAWN	BALTO. CO. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 7-1954	William M. Kelly	Walter Burton Bradley	Dundalk, Md.

VS. A15A - 5 - 53

js

1331

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1303 Presstman Street ✓

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) E. (Last) KELSON

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-23-92

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Undertaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas P. Kelson

14. MOTHER'S MAIDEN NAME: Matilda Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 215-16-6287 Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4437
Immediate cause (a) CARDIOVASCUIAR ACCIDENT; RIGHT HEMIPLEGIA — 4 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HYPERTENSIVE CARDIOVASCULAR DISEASE, GENERALIZED ARTERIOSCLEROSIS — Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 19, 1954, to Feb. 23, 19 54 and that death occurred at 12:28 A m., from the causes and on the date stated above.

SIGNATURE Francis G. Dickey (Degree or title) M.D., Chief, Medical Service ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 2-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2-26-54 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2-24-54 | REGISTRAR'S SIGNATURE a w Hartsock

24. FUNERAL DIRECTOR: Joseph G. Locks Jr. Funeral Home ADDRESS: 1304 N. Central Ave., Baltimore, Md.
Joseph G. Locks Jr

1256

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5603 Oregon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbustus
STREET ADDRESS (If rural, give location) 5603 Oregon Ave.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Bernard (Last) King

4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept. 11, 1881 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired fireman | 10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R. | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alonza Joseph King | 14. MOTHER'S MAIDEN NAME: Ada Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Arthur Stolte 5603 Oregon Ave. Arbutos Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4427 Immediate cause	(a) Cerebral Hemorrhage	1 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Renal Disease	3 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8, 1954, to 2/7, 1954, that I last saw the deceased alive on 2/7, 1954, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ralph G. Laukaitis MD 679 Washington Blvd 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 10, 1954 | NAME OF CEMETERY OR CREMATORY: St. Frances Catholic | LOCATION (City, town, or county) (State): Kilmarnock, Va.

DATE REC'D BY LOCAL REG. 2-8-54 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: John C. Mitchell & Sons | ADDRESS: 1900 Putaw Place

55

1332

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14 3D

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor for aged and Convalescent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 3122 Howard Park Avenue

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) J. (Last) KIRWAN

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 22 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 11th 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Adams Co., Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Smith

14. MOTHER'S MAIDEN NAME: Anna VanCleaf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Howard W. Kirwan, 3122 Howard Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Degenerative Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dyspnoea Agitans; Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to Feb. 22, 1954, that I last saw the deceased alive on Feb. 21, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE John T. Schaeffer (Degree or title) M.D. ADDRESS 401 Random Road DATE SIGNED Feb. 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Feb. 25th 1954; NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery; LOCATION (City, town, or county) (State): Baltimore City Md.

DATE REC'D BY LOCAL REG. 2-26-54; REGISTRAR'S SIGNATURE A. W. Kedrick; FUNERAL DIRECTOR Willis Amoroso; ADDRESS 510 Liberty Heights Ave.

1332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Elisabeth (Last) KPumpf

4. DATE OF DEATH: (Month) FEB. (Day) 20, (Year) 1954.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct 1 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George KPumpf

14. MOTHER'S MAIDEN NAME: Elisabeth Mock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) Myocardial Decompensation — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Feb. 20, 1954, that I last saw the deceased alive on Jan. 26, 1954, and that death occurred at 12.00 m., from the causes and on the date stated above.

SIGNATURE: U. Estelle F. R. Bonnelycastle (Degree or title) ADDRESS: 7501 York Rd. Towson, Md. DATE SIGNED: 2/20/54.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 2-22-54. | NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM. | LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON, MD.

DATE REC'D BY LOCAL REG.: 2-24-54 | REGISTRAR'S SIGNATURE: a w Hedrick | 24. FUNERAL DIRECTOR: Charles L. Zeiler ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1384 M

Film# G161 Item# 13 2/19/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 707 Stemmers Run Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co Md
STREET ADDRESS (If rural, give location) 707 Stemmers Run Rd

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) G. M. (Last) Kollock Jr
4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 13 1875
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster Agent
10b. KIND OF BUSINESS OR INDUSTRY: P.R.R. retired
11. BIRTHPLACE (State or foreign country): —
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jos. A. Kollock
14. MOTHER'S MAIDEN NAME: Mary Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Eliz Kollock 707 Stemmers Run Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal hemorrhage	20 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma rectum; primary site unknown	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to 2/3, 1954, that I last saw the deceased alive on 2/3, 1954, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Call MD — 434 Loch Raven Ave Essex, Md — 2/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/6/54 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2/11/54 — REGISTRAR'S SIGNATURE: Edith Hurley — 24. FUNERAL DIRECTOR ADDRESS: Lansdale Funeral Home 7401 Belair Rd

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 16 19
BUREAU V. S.

1335

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

Baltimore

1. PLACE OF DEATH: COUNTY Hyde Park Md — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co
STREET ADDRESS (If rural, give location) Hyde Park

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) J. (Last) Komanda

4. DATE OF DEATH: (Month) Feb. (Day) 28th (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married — 8. DATE OF BIRTH: Dec 15th 1880 — 9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bottling Dept- American Brewg — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Galena Road Mrs Lidie Komanda Hyde Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 5 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to Feb 25, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 1.40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph Zuck MD — 423 Eastern Ave Balto. 2 Md — 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 4th 1954 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Belair Road

DATE REC'D BY LOCAL REG. 3/2/54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Geo. S. Cook — ADDRESS 1701-03 N. Patterson Park Ave

1247

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TURNERS STATION | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 PATAPSCO AVE. (22)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22, Md.
STREET ADDRESS (If rural, give location) 3136 CORNWALL Rd.

3. NAME OF DECEASED (Type or Print): (First) GERARD (Middle) JAMES (Last) KROUSE
4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	1-16-1948	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ANDREW F. KROUSE
14. MOTHER'S MAIDEN NAME: VIRGINIA E. STRAVERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	NO	NO	ANDREW F. KROUSE - 3136 CORNWALL Rd DUNDALK 22.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Drowning.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patapsco Ave. (CITY OR TOWN) Dundalk-(Turners) (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 24 (Year) 54 (Hour) 4½ p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Child presumably fell from pier into River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
[signature] M.D. Asst. Med. Exam. Dundalk-Md. 2/25/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-27-54	MEADOWRIDGE	DORSEY, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 26 1954	William M Kelly	Wm. Brooks Bradley	Dundalk, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR 2 19[illegible]
BUREAU V. S.

1336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1211 32

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
MARYLAND
LENGTH OF STAY (in this place): 1mo. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 25 Delrey Ave.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Helen (Last) Lange

4. DATE OF DEATH: (Month) February (Day) 5, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	9-6-1883	70 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	none	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
C. Godfrey Schraffer	Caroline Buscherdt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

600.0
Immediate cause (a) Terminal uremia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic pylenephrosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Prior to admission	Renal calculi	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-53, to 2-5-54, that I last saw the deceased alive on 2-4-54, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE: Alfred B. Hemmann-Green M.D. (Degree or title)
ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED: 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/8/54	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-8-54
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm. C. Tickner & Sons
ADDRESS: Balto. 17, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5320

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
LENGTH OF STAY (in this place): 1 mo. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 359 Oberle Avenue

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Lapinsky

4. DATE OF DEATH: (Month) February (Day) 11 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-28-1916

9. AGE last birthday: 37 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Hostak

14. MOTHER'S MAIDEN NAME: Mary Hostak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 171-01-3243 ~~Unknown~~

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic brain syndrome associated with circulatory disturbances

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16- ,19 53, to 2-11- , 19 54, that I last saw the deceased alive on 2-11-, 19 54, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B. Herrmann-Green M.D. — ADDRESS: Spring Grove State Hospital Catonsville 28, Maryland — DATE SIGNED: 2-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/15/1954 — NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem. — LOCATION (City, town, or county) (State): German Hill Rd. Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 12, 1954 — REGISTRAR'S SIGNATURE: A. W. Hedrick Jr. — 24. FUNERAL DIRECTOR — ADDRESS: John J. Connelly, Essex, Md.

VS. A15

1338

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Beaumont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS 102 Beaumont Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) MARGARET (Last) LEFFERT

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 26, 1870

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Dietrich-

14. MOTHER'S MAIDEN NAME: Amelia E. Grungart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Harry J. Leffert-102 Beaumont Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] Coronary Thrombosis — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio [illegible] disease — 4 yrs?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.18, 19[illegible], to 2.4, 19[illegible], that I last saw the deceased alive on 2.4, 19[illegible], and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 2.4.54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2/8/54 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2-8-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

1339

22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 434 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 405 N. Payson St.

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) E. (Last) LEILICH, Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Feb. 28, 1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Drug

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis E. Leilich

14. MOTHER'S MAIDEN NAME: Mary Rolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-10-9252

17. INFORMANT AND ADDRESS: Mr. Frank A. Leilich - 4248 Shamrock Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary occlusion, Acute — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerotic Heart Disease — Interval Between Onset and Death: unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1954 to Feb 17, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE: Lee J Kaye (Degree or title) M.D. ADDRESS: 1 Mallow Hill Ave DATE SIGNED: 2/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/24/54 | NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm. J. Dickens & Son ADDRESS: Balto 17, Md.

Items 21&22 Film G162 3/12/54 ams

1243

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 0122

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
LENGTH OF STAY (in this place) 26 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3126 DUNGLOW ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE S COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location) ADDRESS

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LESTER	JOHN	LENHART	2	12	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	MARRIED	5 FEB. 1908	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FOREMAN	STEEL MFGR	PENN.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
-UNK- LENHART	HATTIE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO NO	218-07-5034	HANNAH LENHART - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 973.1 Carbon Monoxide Asphyxia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Garage	21c. (City or town) (County) (State) rear of 3126 Dunglow Rd. Balto.Co. Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2/12/54 5 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? carbon monoxide asphyxia - Found in auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.S. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-13-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-16-54	OAK LAWN	BALTO. CO., MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 14 1954	William M. Kelly	Walter Brooks Bradley	Dundalk, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

FEB
U. S.

1257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5533 Highridge Ct.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1705 W. Lombard St. ✓

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) M. (Last) Madden
4. DATE OF DEATH (Month) (Day) (Year): Feb. 4th, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 10, 1895
9. AGE last birthday: 58 yrs. | If under 1 year: Months 6 Days 24 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retd): Salto. City
10b. KIND OF BUSINESS OR: Bureau Sanation
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John A. Madden
14. MOTHER'S MAIDEN NAME: Mary Gavin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 217-16-7381
17. INFORMANT AND ADDRESS: Martha Hook 5533 Highridge St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular Dis — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 2/4, 1954, that I last saw the deceased alive on 2/4, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Edward D. Mullins MD | 4302 Roberts, Hyde | 2/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 8 1954 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 2-8-54 | REGISTRAR'S SIGNATURE A W Hedrick | 24. FUNERAL DIRECTOR, ADDRESS Fred H. Cole 1913 W. Baltimore

15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61825

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7006 Willowdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 7006 Willowdale Ave

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Maloney

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 16-1870

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Balto City md

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: — — Esex

14. MOTHER'S MAIDEN NAME: Hoover Huber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Daisy McCullough 7006 Willowdale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction Coronary Thrombosis — Interval Between Onset and Death: 1 d.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Atheriosclerosis — Interval Between Onset and Death: long standing

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis, Anorexia, senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Feb, 1954, to 28 Feb, 1954, that I last saw the deceased alive on 26 Feb, 1954, and that death occurred at 4 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John C. Hyde MD ADDRESS 7527 Belair Road. Balto 6 Md DATE SIGNED 3/1/54

23. BURIAL CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/3/54

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Mar 1-54

REGISTRAR'S SIGNATURE: Mrs M. E. Reposites

24. FUNERAL DIRECTOR: Lansdale Funeral Home ADDRESS 7401. Belair Rd

MAR 5
BUREAU V. S.

341

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — MARYLAND — LENGTH OF STAY (in this place) 4 months — HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville — STREET ADDRESS (If rural give location) 5834 33rd Place

3. NAME OF DECEASED: (Type or Print) (First) Clayton (Middle) Cecil (Last) Marsh III

4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 4-8-53

9. AGE last birthday: yrs. 10 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clayton C. Marsh, Jr.

14. MOTHER'S MAIDEN NAME: Blodwyn Elizabeth Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 491 X — (a) Cardiac Failure — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Bilateral Broncho-pneumonia — 3 weeks approx.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart Disease Mongolism — congenital

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2 ..., 19 54., to 2-26 ..., 19 54., that I last saw the deceased alive on 2-26 ..., 19 54., and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns — (Degree or title) M.D. — ADDRESS Rosewood St. Tr. School Owings Mills Md. — DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 2/27/54 — NAME OF CEMETERY OR CREMATORY Greenmount Cem. — LOCATION (City, town, or county) Balto Md. — (State)

DATE REC'D BY LOCAL REGISTRAR February 27 1954 — REGISTRAR'S SIGNATURE R L

24. FUNERAL DIRECTOR William Cook Inc. — ADDRESS 1217 St Paul St.

VS. A15

1342

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco.
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Black Rock Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco.
STREET ADDRESS (If rural, give location) Black Rock Rd

3. NAME OF DECEASED: (Type or Print) (First) Roland (Middle) (Last) Martin

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 16, 1907

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Buchman Martin

14. MOTHER'S MAIDEN NAME: Ida M. Hampst.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Mrs Roland Martin, Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 201X DUE TO Hodgkins Disease. — Interval between onset and death: 1 year.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-15-53

19b. MAJOR FINDINGS OF OPERATION: Biopsy nodule Hodgkins disease

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15, 19 53, to 2-8, 19 54, that I last saw the deceased alive on 2-8, 19 54, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE Joseph E Bruch (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED 2-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2-11-54 — NAME OF CEMETERY OR CREMATORY Grace Dem — LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 2-9-54 — REGISTRAR'S SIGNATURE Mary B. Sline. — **24. FUNERAL DIRECTOR** Edwin Tipton, ADDRESS Hampstead Md

RECEIVED
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BUREAU V. S.

1343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Brook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS 305 Brook Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) CLYDE (Last) MARVEL

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE~~, (MARRIED), ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: May 22, 1888

9. AGE: Last birthday 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): physician

10b. KIND OF BUSINESS OR INDUSTRY: Medical

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Thomas Marvel

14. MOTHER'S MAIDEN NAME: Evelaine Engeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): No. 1

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Marguerite H. Marvel-305 Brook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Arterio-sclerotic C.V. Renal Dis. — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Feb. 2, 1954, that I last saw the deceased alive on Feb. 1, 1954, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Carl H. Benson, M.D. — 5111 York Rd. Baldwin — Feb. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 2/5/54 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 2/4/54 | REGISTRAR'S SIGNATURE: A. W. Redmond Deputy | 24. FUNERAL DIRECTOR: C. M. J. Lichner & Sons | ADDRESS: Balto. 11, Md.

1344

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19[illegible]29)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville; LENGTH OF STAY (in this place) 10 mo 24 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Street Rox 2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Almira (Middle) (Last) McFadden

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.

8. DATE OF BIRTH: unk

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? unk

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Pierce Spring Grove St Ta 17. J Catonsville 28 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 5 hrs. -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — yrs.

DUE TO (c) Generalized arteriosclerosis — yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27 1954, to Feb 27 1954, that I last saw the deceased alive on Feb 27 1954, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE Edward S. Hermann Jr. M.D. (Degree or title) ADDRESS Spring Grove State Hosp Catonsville 28 Md DATE SIGNED Feb 27 54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 3/2/54 | NAME OF CEMETERY OR CREMATORY Ascension | LOCATION (City, town, or county) Searsburg Town (State) Harford Md.

DATE REC'D BY LOCAL REGISTRAR 2/27/54 | REGISTRAR'S SIGNATURE C. E. Harry

24. FUNERAL DIRECTOR H. S. Bailey ADDRESS

VS. A15

RECEIVED
MAR 1 19..
BUREAU V. S.

Film #G161 Item # 8,13,14 2/53/54 emf

1345

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3903 Primrose Ave

3. NAME OF DECEASED (Type or Print): (First) HILDA (Middle) C (Last) MELTZER

4. DATE OF DEATH: (Month) 2 - (Day) 8 - (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 2, 1915

9. AGE last birthday: 39 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Meltzer

14. MOTHER'S MAIDEN NAME: Sarah unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: David Meltzer - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) BRAIN TUMOR - RECURRENT MENINGIOMA — Interval Between Onset and Death: 1/31/50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/31/50

19b. MAJOR FINDINGS OF OPERATION: ~~MENINGIOMA~~ MENINGIOMA - Left Temporal

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from JAN 31, 1950 to Jan 12, 1954, that I last saw the deceased alive on Feb 8, 1954, and that death occurred at 3 30 P m., from the causes and on the date stated above.

SIGNATURE: Sidney R Somers M D (Degree or title) ADDRESS: 803 Cathedral St DATE SIGNED: Feb. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-10-54

NAME OF CEMETERY OR CREMATORY: Wellington

LOCATION (City, town, or county) (State): Bato Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Jack Rowsome ADDRESS: 2100 Eutaw Pl

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Film#G161 Item# 9 2/19/54 emf

1348

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1 PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE 138 N. Streeper St. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Lawrence (Last) Mikesa

4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-7-14

9. AGE last birthday: 39 Yrs. 11 Months 0 Days IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Meat Business

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Mikesa

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Son, Thomas Jr. 3617 Roberts Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Multiple Lung Abscesses

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Friedlanders Pneumonia

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10 ,1954, to 2/11 , 1954, that I last saw the deceased alive on 2/10 , 1954, and that death occurred at 2:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton B. Kress M.D. Eudowood Sanatorium, Towson 4, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-15-1954
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto. Md.

DATE RECD BY LOCAL REGISTRAR Feb 12, 1954
REGISTRAR'S SIGNATURE C. W. Hedrick Jr.
24. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1346

01331

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1501 Light Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) J. (Last) MILER

4. DATE OF DEATH: (Month) February (Day) 10 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-25-95

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Ship

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Anna Causk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes

16. SOCIAL SECURITY No.: 354-09-6455

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) CARCINOMA OF THE ESOPHAGUS — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-1-54

19b. MAJOR FINDINGS OF OPERATION: Esophagectomy Tracheostomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I Attended the deceased from Jan. 5, 1954, to Feb. 10, 19 54, that I last saw the deceased alive on [illegible] and that death occurred at 9:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. ALBRIGHT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2-11-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 2/11/54
NAME OF CEMETERY OR CREMATORY: Pax Cemetery
LOCATION (City, town, or county) (State): Pax, West Virginia

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Tyree Funeral Home, Gekhill, West Virginia ADDRESS

Wm. J. Vickers & Sons Beto. 17 Md

Film#G161 Item# 14,12 2/18/54 emf

(1347)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01332

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct and especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2611 Fairview Ave

3. NAME OF DECEASED (Type or Print): (First) ISRAEL (Middle) - (Last) MILLER

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Max

14. MOTHER'S MAIDEN NAME: Fannie unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Julius Orlove - 2524 Brookfield Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Artery Disease — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis

(c) Pulmonary Emphysema. — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feb 5, 1954, that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Sol Smith MD 2426 Eutaw Pl. 2/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-7-1954 — NAME OF CEMETERY OR CREMATORY: Wash. Rd — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: FEB 7 - 1954 — REGISTRAR'S SIGNATURE: Huntington Williams, M.D. Victor E. O'Harry mnb

24. FUNERAL DIRECTOR — ADDRESS: Jack Lewis Inc 2100 Eutaw Pl

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1134

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. NAME OF DECEASED (Type or Print): Eunice V. Mitchell

2. DATE OF DEATH: 2/6/54

3. PLACE OF DEATH: A. Baltimore City, Maryland 4425 Alan Drive

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore County

c. Length of stay in Baltimore: 40 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 4425 Alan Drive

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 10, 1906
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Dames Quarters, Md.
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph D. White

14. MOTHER'S MAIDEN NAME: Mary V. Webster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-24-2213

17. INFORMANT: Robert Mitchell ADDRESS: 4425 Alan Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Monocytic Leukemia
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

22. I hereby certify that I attended the deceased from Aug 26, 1953 to Feb 6, 1954, that I last saw the deceased alive on Feb 4, 1954, and that death occurred at 7 a m., from the causes and on the date stated above.

23A. SIGNATURE: Albert Sacquetta M. D.
23B. ADDRESS: 1729 W Lombard St
23C. DATE SIGNED: 2/8/54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2/9/54
24C. NAME OF CEMETERY OR CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: FEB 8 - 1954
REGISTRAR'S SIGNATURE: Victor G Wiggins Registrar
25. FUNERAL DIRECTOR: Howard Strong
ADDRESS: 3207 North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLTH UNFADING INK. Every item of information should be carefully supplied. T correct age is especiant. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route #13 Box 872 A
STREET ADDRESS (If rural give location) Baltimore 21, Md

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) (Last) MIZELL

4. DATE OF DEATH: (Month) Feb. (Day) 16 - (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 11, 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Stan. Oil Co.

11. BIRTHPLACE (State or foreign country): Harrisville, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARK MIZELL

14. MOTHER'S MAIDEN NAME: TILA JOHNSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 213-01-4426

17. INFORMANT & ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death: July '51, Feb. '54

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 19 51, to Feb. 16, 19 54, that I last saw the deceased alive on Feb. 16, 19 54, and that death occurred at Feb. 16, 1954, from the causes and on the date stated above.

SIGNATURE Milton B. Kress (Degree or title) ADDRESS Eudowood Sanatorium - Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 18-1954 NAME OF CEMETERY OR CREMATORY Balto. National Cem. LOCATION (City, town, or county) Frederick Rd. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-19-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John J. Connelly ADDRESS 418 Eastern Ave Balto 21 - Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

Item 12 film G 161 2/10/54,cm

1258

(1236)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: BALTO. · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MD. · COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1760 MAPLE AVE.	STREET ADDRESS (If rural, give location): 1760 MAPLE AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PATRICK	JOSEPH	MORAN SR.	2 –	4	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	3-31-1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RAILROAD POLICEMAN	R.R.	IRELAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN MORAN	BRIDGET O'ROURKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	Mrs Sarah Moran, 1760 Maple Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Carcinoma Liver	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma Stomach	3 yrs 0 mo
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1951	Carcinoma Stomach – Gastrectomy	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 1953, to Dec 4, 1954, that I last saw the deceased alive on Dec 3, 1954, and that death occurred at 7:47 A m., from the causes and on the date stated above.

SIGNATURE: Thos. Smith Jr. M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-6-54	Cathedral Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 6 54	Leo Kieffer	George A Farley	Catonsville, Md.

VS. A15

RECEIVED
FEB 1954
BUREAU V. S.

135

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Balto MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Nottingham Village

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Phila. Rd. Route 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nottingham Village

STREET ADDRESS (If rural, give location) Old Phila. Rd. Route 2

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Murray (Last)

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 4/7/1866

9. AGE last birthday: 87 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman - Ret.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Murray

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs David Foley Old Phila. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic cardio Vascular disease	5 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to Feb 13, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M Baumgardner MD Balto 2/15/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF 2/16/54

NAME OF CEMETERY OR ~~CREMATORY~~ London Park

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 2-17-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Wm Cox Inc. 1217 St. Paul St

1352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Bird River Rd + Ebenezer Rd

3. NAME OF DECEASED (Type or Print): (First) George (Middle) S (Last) Myers

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1954

5. SEX: male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH: Feb 10 - 1877 — 9. AGE last birthday: 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Own Farm — 11. BIRTHPLACE (State or foreign country): Balto Co Md — 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Fred K Myers — 14. MOTHER'S MAIDEN NAME: Virginia Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mrs Geo Myers Bird River Rd + Ebenezer Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular disease — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Feb 16, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
J M Baumgardner M D — Balto 6 Md. — 2/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/20/54 — NAME OF CEMETERY OR CREMATORY: Ebenezer Meth Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 2/23/54 — REGISTRAR'S SIGNATURE: Edith Hurley — 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

BUREAU V. S

353

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]39

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OVINGS Mills; STREET ADDRESS (If rural give location) Garrison Forest Road

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) A. (Last) MYERS

4. DATE OF DEATH: (Month) 2 (Day) 22 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Nov. 14. 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Myers

14. MOTHER'S MAIDEN NAME: Kate Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Rosalea M. Myers, wife. Garrison Forest Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Bronchopneumonia — Interval Between Onset And Death: 6 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral vascular accident, — 4 months ago

DUE TO

(c) Hypertensive cardiovascular disease, Myocardial [illegible] — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. aortic + mitral insufficiency — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.13, 1954, to 2.22, 1954, that I last saw the deceased alive on 2.21, 1954, and that death occurred at 2:15 AM, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischer M.D. (Degree or title) ADDRESS Spring Grove St. Hosp. DATE SIGNED 2.22.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Feb 25-54; NAME OF CEMETERY OR CREMATORY St Thomas Cemetery; LOCATION (City, town, or county) (State) Baltimore Co

DATE REC'D BY LOCAL REGISTRAR 2-22-54; REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR J.F. Elsner & Sons; ADDRESS Reisterstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21
BUREAU V. S.

Item 14 film G 162 3/30/54 CF 1241

124

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8208 PEACH ORCHARD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 8208 PEACH ORCHARD RD

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) MYLIN

4. DATE OF DEATH: (Month) FEB (Day) 6 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: DEC. 24, 1873
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: PATRICK MCINTEE
14. MOTHER'S MAIDEN NAME: Anne SHARKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: EDWIN MYLIN JR- 124 VERNOR TER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 2 days
DUE TO (c) Coronary asteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Feb, 1954, to 6 Feb, 1954, that I last saw the deceased alive on 6 Feb, 1954 and that death occurred at ..., from the causes and on the date stated above.
SIGNATURE (Degree or title) Jos Dallas MD
ADDRESS 2900 Dunbar Rd. Zone 22
DATE SIGNED 7 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF FEB 7. 1954
NAME OF CEMETERY OR CREMATORY MT. OLIVER
LOCATION (City, town, or county) ALIQUIPPA (State) PA
DATE REC'D BY LOCAL REGISTRAR Feb 7-1954
REGISTRAR'S SIGNATURE William M. Kelly
24. FUNERAL DIRECTOR ADDRESS ULLRICH FUNERAL HOME 2112 DUNBAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; LENGTH OF STAY (in this place) 6 mths; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4329 Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md; STREET ADDRESS (If rural, give location) 4329 Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) L. (Last) Newberry

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/25/78

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Yokom

14. MOTHER'S MAIDEN NAME: Emma Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Wm Tolly 4329 Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 9 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1953, to Feb. 8, 1954, that I last saw the deceased alive on Feb. 4, 1954, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: Adam Schmid (Degree or title) M.D. ADDRESS 6232 Baltimore Rd., Baltimore, Md DATE SIGNED Feb. 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 2/8/54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Belmar N.J.

DATE REC'D BY LOCAL REG. Feb. 8-1954 — REGISTRAR'S SIGNATURE Mrs. M.E. Reynolds

24. FUNERAL DIRECTOR: Lansdale Funeral Home — ADDRESS 740 Belmar Rd.

RECEIVED
FEB
BUREAU V. S.

1353

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ..... 7 .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2930 Edgewood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2930 Edgewood Avenue

3. NAME OF DECEASED (Type or Print): (First) George (Middle) T. (Last) Nickles

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24th 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 12, 1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Maker, Edgewood

10b. KIND OF BUSINESS OR INDUSTRY: Arsenel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Clarence W. Nickles

14. MOTHER'S MAIDEN NAME: Wanda A. Witzgall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Margaret C. Nickles, 2930 Edgewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a). Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Cardio-Vascular Disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. A Hacke of Congestive Heart Failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1954, to Feb 24, 1954, that I last saw the deceased alive on Feb 17, 1954, and that death occurred at 1 a.m. (died dying sleep) from the causes and on the date stated above.

SIGNATURE: James E. White M.D. (Degree or title) ADDRESS: 5214 Harford Rd DATE SIGNED: 24 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb. 27, 1954

NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Harford Road.

Item 12 film G 162 3/26/54 cm

125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Addocks Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1216 Riggs Ave.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) L. (Last) Tilson

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Jan. 10, 1876

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Jamaica B. W. I.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bradshaw

14. MOTHER'S MAIDEN NAME: Jane Champernney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT'S NAME AND ADDRESS: Mrs. Enoch Hayes, 1614 Westwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1953, to Feb 8, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Feb. 11 1954 | Mt. Auburn | Baltimore | Md.

DATE REC'D BY LOCAL REG. 2/10/54 | REGISTRAR'S SIGNATURE C W Hedrick | 24. FUNERAL DIRECTOR Gaither Funeral Home ADDRESS 1201 Druid Hill Ave.

JCL

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1356

M

01344

STATE DEPARTMETT OF HEALTH

MARYLAND

CERTIFICATE OF DEATH

Reg. Dist. No.: 44

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 2 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2430 Annor Court

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) O'HARA

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-10-89

9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur (private)

10b. KIND OF BUSINESS OR INDUSTRY: Private Chauffeur

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James J. O'Hara

14. MOTHER'S MAIDEN NAME: Miriah Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY ARTERIOSCLEROSIS WITH SEVERE OCCLUSION; — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ISCHEMIA OF THE MYOCARDIUM WITH PARTIAL INFARCTION

(c) LEFT VENTRICLE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

VA 11:45 A.M. 2:35 P.M.

22. I hereby certify that I attended the deceased from Feb. 23, 1954, to Feb. 23, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift — (Degree or title): M.D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 2-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-26-54 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 2-26-54 | REGISTRAR'S SIGNATURE: L.L.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd., Baltimore 14, Md.

Mildred T. Blight

1357

M

MARTIN RECEIVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C 245

Reg. Dist. No. 4 D

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Batter Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm P.O.
STREET ADDRESS (If rural, give location) Stoney Batter Rd

3. NAME OF DECEASED (Type or Print) (First) Gloria (Middle) M. (Last) Orem

4. DATE OF DEATH (Month) Feb (Day) 4 (Year) 1954

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept 5. 1950

9. AGE last birthday 3 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John R. Orem

14. MOTHER'S MAIDEN NAME Martha Y Updike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr John Orem Stoney Batter Rd Balto Co md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS, DIRECTLY LEADING TO DEATH

Immediate cause (a) 192X Bilat Retinoblastoma (Eyes)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1951

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5 1950 to Feb 4, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork, Md. DATE SIGNED 2/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/6/54 — NAME OF CEMETERY OR CREMATORY Fork Christian — LOCATION (City, town, or county) (State) Balto Co md

DATE REC'D BY LOCAL REG. 2/6/54 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd

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1358

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01246

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
STREET ADDRESS (If rural give location) Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) Merab (Middle) Katurah (Last) Parker

4. DATE OF DEATH: (Month) (Day) (Year) February 9 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 29 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Worrell

14. MOTHER'S MAIDEN NAME: Mamie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Emma A Parker Owings Mills Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — 443X
(a) Cerebral Hemorrhage — Interval Between Onset And Death: 10 hrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive C-V. Disease — 6 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — 6 yrs.
Calcified adenoma of Thyroid — 15 yrs.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 3-24 ,1943, to 2-9 , 1954, that I last saw the deceased alive on 2-9 , 1954, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE D. D. Caples — (Degree or title) M.D. — ADDRESS Reisterstown, Md — DATE SIGNED 2-10-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 12 1954 — NAME OF CEMETERY OR CREMATORY: Black Rock Cemetery — LOCATION (City, town, or county) (State): Butler Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-10-54 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: Wm Berryman & Sons — ADDRESS: Reisterstown Md

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135

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 46 days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2112 Ridgehill Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHNNIE (Middle) D. (Last) PARRISH

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-24-10

9. AGE last birthday: 43 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Pa. Station

11. BIRTHPLACE (State or foreign country): Person Co., North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Parrish

14. MOTHER'S MAIDEN NAME: Ida Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If year, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 219-03-4583

17. INFORMANT AND ADDRESS: - Clin.Rec., Vet.Adm.Hosp., Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591X

Immediate cause (a) SUBACUTE NEPHRITIS — Interval between onset and death: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1953, to Feb. 5, 1954, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. [illegible], M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2/8/1954 | NAME OF CEMETERY OR CREMATORY: Red Mountain Cemetery | LOCATION (City, town, or county) (State): Rougemont, N. C.

DATE REC'D BY LOCAL REG. 2-8-54 | REGISTRAR'S SIGNATURE A W Redmond

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home ADDRESS 1808 N. Monroe Street, Baltimore 17, Md.

SHIPPED TO: Johnson Ray Funeral Home, Durham, North Carolina

1360

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

01348

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard V
LENGTH OF STAY (In this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V 2 1 4
STREET ADDRESS (If rural, give location) 2734 Giles Road ✓

3. NAME OF DECEASED (Type or Print): (First) LUTHER (Middle) (Last) PEAIS, JR.

4. DATE OF DEATH: (Month) February (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-25-33

9. AGE last birthday: 20 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Luther Peals

14. MOTHER'S MAIDEN NAME: Mary Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): korean

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LUNG — Interval between onset and death: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1954, to Febr. 7, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM [illegible] VANDERBILT, M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 2-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/ 11/1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2-11-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home

ADDRESS: 1808 N. Monroe Street, Baltimore, Md.

1261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0349

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville — LENGTH OF STAY (In this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1315 Birch Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 1315 Birch Ave.

3. NAME OF DECEASED (Type or Print): (First) NANNYE (Middle) — (Last) PINKERTON

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow — 8. DATE OF BIRTH: 24 Aug 1882 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: home — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm McLaughlin — 14. MOTHER'S MAIDEN NAME: Ella Ramey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
Immediate cause (a) Cerebral hemorrhage — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 1 Feb, 1954, to 2 Feb, 1954, that I last saw the deceased alive on 1 Feb, 1954, and that death occurred at 2:30A m., from the causes and on the date stated above.

SIGNATURE: William Goodman — (Degree or title): M.D — ADDRESS: 1338 Baltimore County Rd — DATE SIGNED: 2 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 2/5/54 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE Cem. — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND.

DATE REC'D BY LOCAL REG.: 2-3-54 — REGISTRAR'S SIGNATURE: P.W. Hebert — 24. FUNERAL DIRECTOR: Joseph T. Tinkure Jr. — ADDRESS: 1328 Baltimore Co. Md.

Done

1361

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Beaumont Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 118 Beaumont Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wilson (Last) Poisal

4. DATE OF DEATH: (Month) Feb (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/18/1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 2 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): M.D. Asst.

10b. KIND OF BUSINESS, OR INDUSTRY: U.S. Industrial Chemical Co

11. BIRTHPLACE (State or foreign country): Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Poisal

14. MOTHER'S MAIDEN NAME: Mary Kate Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: T. Gordon Davis Wife London

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardio-Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953, to Feb. 1, 1954, that I last saw the deceased alive on Jan. 26, 1954, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

A. Cuson Laughlin, M.D. 4508 Edmondson Village Baltimore - 29, Md 2/4/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 2/3/54

NAME OF CEMETERY OR CREMATORY London Park

LOCATION (City, town, or county) (State) Balto, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE A.W. Theland

24. FUNERAL DIRECTOR ADDRESS

H. Cook Inc. 1215 St. Paul St.

Owner

VS. A15 9-51

1362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 01351 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LUTHERVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS COLLEGE MANOR

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RUXTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (KITTY) (Middle) ALICE MAUDE (Last) POOR

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY 9, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALFRED POOR

14. MOTHER'S MAIDEN NAME: MARION SMITH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. CHARLES FISHER RUXTON, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443 X
(a) Hypertensive Cardiovascular disease DUE TO — Interval Between Onset And Death: 1 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Generalized Arteriosclerosis, Renal, DUE TO — years
(c) Upper Lumbar. Duration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1951., to Feb 7, 1954., that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 5:45 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 18 E. Eager St. DATE SIGNED 2/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 2-9-1954
NAME OF CEMETERY OR CREMATORY GREENMOUNT
LOCATION (City, town, or county) BALTO (State) MD
DATE REC'D BY LOCAL REGISTRAR 2-8-54
REGISTRAR'S SIGNATURE A W Perkins
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD.

VS. A11

1362

MARYLAND

35½

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE | LENGTH OF STAY (In this place) Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS RELEDO KNOLL, LU

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) MAIDENCHOICE LANE

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH / /

9. AGE last birthday / / yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) D

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Proctor

14. MOTHER'S MAIDEN NAME Martin ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Acute Cardiac failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 54, to Feb 15, 19 54, that I last saw the deceased alive on Feb 15, 19 54 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos. McKeffer MD 2470 Washington Blvd Balto Feb. 16 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Feb. 12-54 | NAME OF CEMETERY OR CREMATORY Forest Park Cemetery | LOCATION (City, town, or county) Forest Md. (State)

DATE REC'D BY LOCAL REG. 2-17-54 | REGISTRAR'S SIGNATURE C. E. Harry

24. FUNERAL DIRECTOR C. E. Arthur | ADDRESS Forest Md.

FBI
BUREAU

1364 Film#G161 Item# 3,9 2/23/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1155

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pikesville
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sugsbury Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 6811 Campfield Rd

3. NAME OF DECEASED: (First) Caroline (Middle) J. (Last) Puegner
4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	July 14, 1878	75 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Balto Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James G Taylor
14. MOTHER'S MAIDEN NAME: Mary C. Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Records Sugsbury Home 6811 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 443X -- Hypertensive Heart Disease — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) (1) Grippe — 2 days.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -- Generalized arteriosclerosis. — 5 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1954, to Feb 13, 1954, that I last saw the deceased alive on Feb. 12, 1954 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Emil L. Chambers M.D. 4108 Liberty Hts Ave, Balto 7 Md Feb 15 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 2/17/54 NAME OF CEMETERY OR CREMATORY Mt Carmel Cem LOCATION (City, town, or county) Balto (State) Md

DATE RECD BY LOCAL REGISTRAR 2/17/54 REGISTRAR'S SIGNATURE Earl Hedrick Deputy
24. FUNERAL DIRECTOR Paul Ballmann ADDRESS 6067 Harford Rd

VS. A15

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M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01354

Reg. Dist. No. .....

I. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 28
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5743 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) LaSalle Apt. Conn. Ave

3. NAME OF DECEASED: (Type or Print) (First) E. (Middle) Jeanette (Last) Pyne

4. DATE OF DEATH: (Month) FEB. (Day) 19 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 18, 1876

9. AGE Last birthday: 77 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dress MAKer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John S. Pyne

14. MOTHER'S MAIDEN NAME: Laura T. Walston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John S. Pyne 7407 Windsor Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

173X

Immediate cause (a) CARCINOMA OF BREAST C — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) METASTASIS TO LUNGS & CERVICAL VERT. — 2 YEARS

DUE TO

(c) HYPERTENSIVE C.V. DISEASE — 12 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 16, 1954, to FEB 19, 1954, that I last saw the deceased alive on FEB 19, 1954, and that death occurred at 1:40 PM, from the causes and on the date stated above.

SIGNATURE Thomas E. Melly MD (Degree or title) ADDRESS Randallstown Md DATE SIGNED 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 22, 1954

NAME OF CEMETERY OR CREMATORY Oxford

LOCATION (City, town, or county) Oxford, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-26-54

REGISTRAR'S SIGNATURE L.L.

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1365

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

M

The correct age.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL | LENGTH OF STAY (in this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Randallstown, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] MD. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL — RANDALLSTOWN
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Berkeley (Last) Randall

4. DATE OF DEATH: (Month) February (Day) 19th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 10, 1865

9. AGE last birthday: 88 yrs. | If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Carpenter Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ------ Randall

14. MOTHER'S MAIDEN NAME: ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----
(If year, give war or dates of service): ----

16. SOCIAL SECURITY NO.: -------

17. INFORMANT: Roland E. Randall 23 S. Ellwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 42241 Chronic Myocarditis — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Art. Sclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1949, to Feb. 19th, 1954, that I last saw the deceased alive on Feb. 19th, 1954, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A. Miller M.D. ADDRESS: Pikesville-8, Md. DATE SIGNED: 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 22 1954 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2-22-54 | REGISTRAR'S SIGNATURE: A W Hopkins | 24. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balto. St. 24

151

1367

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1356 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Convalescent Home Smith & Summitt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
STREET ADDRESS (If rural give location) 1312 Maple Ave, Arbutus.

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) L. (Last) Redmond

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov. 17, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Hat Maker

10b. KIND OF BUSINESS OR INDUSTRY: Mens Hats Inc.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James T. Redmond

14. MOTHER'S MAIDEN NAME: Mary A. Durner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Grace Fairall, Washington Ave, Odenton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Generalized Arterio Sclerosis. 450.0

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1954, to Feb. 7, 1954, that I last saw the deceased alive on Feb. 5, 1954, and that death occurred at 6:45 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) H. R. Gray M.D. ADDRESS 1701 Edmondson Ave. Catonsville 8 Feb 54 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial

DATE THEREOF Feb. 9/54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2-8-54

REGISTRAR'S SIGNATURE A W Frederick

24. FUNERAL DIRECTOR Harry H. Weigle ADDRESS 4101 Edmondson Ave

VS

1368

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural, give location): 403 Somerset Rd.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Trimble (Last) Reifsnider

4. DATE OF DEATH: (Month) Feb (Day) 27th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8/16/1864

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 6 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Md. Casualty

11. BIRTHPLACE (State or foreign country): Westminster Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. T. Reifsnider

14. MOTHER'S MAIDEN NAME: Betty Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Douglas Cotton 403 Somerset Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Arteriosclerosis, generalized — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 47, to Feb., 19 54, that I last saw the deceased alive on Feb 12, 19 54 and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John W. Parsons M.D. ADDRESS 11 E. Chase St., Balto. DATE SIGNED 3-1-54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3/2/54 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 3-2-54 REGISTRAR'S SIGNATURE A.W. Nellrid

24. FUNERAL DIRECTOR ADDRESS

1363

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. —

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural give location) 2014 McHenry St

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) H. (Last) REINHARD

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	White	Widowed	9-19-1903	50 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Band Sawyer	Brush Mfg.	Maryland	U.S.A.

13. FATHER'S NAME: JOHN REINHARD

14. MOTHER'S MAIDEN NAME: LENA MIENHOLD

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	NONE	213-05-2929	Jane Lissau 3114 Pelham Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Carcinoma of Lung DUE TO	1951 - 1954
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Pulmonary Tuberculosis DUE TO	1951 - 1954
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 51, to Feb. 15, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at Feb. 15, 1954, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Milton B. Kress M.D.	Eudowood Sanatorium, Towson 4, Maryland	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-18-54	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/54	C W Fedrick	George L. Schwab	210 Fremont Ave. Balto., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1254)

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex
STREET ADDRESS (If rural give location) 409 Lorraine Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Bell	Reinhart.	2	16	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Widowed		62 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
—	—

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
—	—	—	Geraldine L. Miller 409 Lorraine Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary thrombosis — Interval Between Onset And Death: about 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 9 ..., 1953, to Feb 16, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack J. Singer — ADDRESS 506 E. North Ave — DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/18/54	Meadowridge Mem.	Elkridge	Md.

DATE REC'D BY LOCAL REGISTRAR 2/17/54 — REGISTRAR'S SIGNATURE A.W. Heckel — 24. FUNERAL DIRECTOR Paul E. Schemmel Jr. — ADDRESS 36157 Chestnut Ave.

VS. A15

1261

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 11

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place) 4 mos 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thompson Crowley Home 4610 Landon Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1209 Circle Ave

3. NAME OF DECEASED: (First) Ernest (Middle) (Last) Rittershofer (Type or Print)
4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 1934

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widower	Aug 14 1871	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Janitor	Balto City Schools	Balto	U.S.A.

13. FATHER'S NAME: Ernest Rittershofer
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Rittershofer 1209 Circle Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio vascular disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr. M. Kieffer M. D. 1010 Leadenhall
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Feb. 11 34

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 13 34	Fredn Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 12 34	Dr. Kieffer	Harry H. Deitzler	4101 Edmondson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V
FEB

1371

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 35

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Reisterstown; LENGTH OF STAY (In this place) 60 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Roach's Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown, Md.; STREET ADDRESS (If rural, give location) Roach's Lane

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) L. (Last) Roach

4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 27, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework for self

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William B. Frease

14. MOTHER'S MAIDEN NAME: Anna Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Edith A. Roach, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 hrs?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured Left Femur — 25 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: Feb. 1, 1954

19b. MAJOR FINDING OF OPERATION: Fractured Left Femur

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home

21c. (City or town) Reisterstown (County) Balto. (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) Jan. 31, '54 (Hour) 12:30 p. m.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? and fell. Patient went to pull storm door shut

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 3-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 27, 1954

NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

LOCATION (City, town, or county) Pikesville, Md. (State)

DATE REC'D BY LOCAL REG. 2-28-54

REGISTRAR'S SIGNATURE Maxey B. Eline

24. FUNERAL DIRECTOR ADDRESS J. F. Eline & Sons, Reisterstown, Md.

VS. A15A - 5 - 53

1262

(10)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Violetville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 McTavish Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Violetville; STREET ADDRESS (If rural give location) 3900 McTavish Ave.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) W. (Last) Rock, Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Davidson Chemical Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Rock

14. MOTHER'S MAIDEN NAME: Bertha Hamil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215 07 7677

17. INFORMANT & ADDRESS: Mrs. Dora Rock, 3900 McTavish Ave.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 445X	(a) Uremia	2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Malignant Hypertension	2 years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Feb. 2, 1954, that I last saw the deceased alive on Feb. 2, 1954 and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE Herbert W. Lapp (Degree or title) M.D. ADDRESS 3321 Frederick Ave DATE SIGNED Feb 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Feb. 6/54; NAME OF CEMETERY OR CREMATORY Loudon Pk.; LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 2/6/54; REGISTRAR'S SIGNATURE [illegible] Deputy

24. FUNERAL DIRECTOR Henry H. Weitzel ADDRESS 4101 Edmondson Ave.

VS. A15

1372

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13631

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2015 Russell St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural give location): 2015 Russell St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Rev. JACOB H. ROSENBERGER

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 9, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 11, 1875

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Evangelical United Brethern Minister

11. BIRTHPLACE (State or foreign country): Hatfield, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Rosenberger

14. MOTHER'S MAIDEN NAME: Sarah Hendricks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Martha Rosenberger, Woodlawn, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
2937 Immediate cause	(a) Myocardial Insufficiency DUE TO	3da.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) C.P.C. Lungs & Kidneys DUE TO	1da.
	(c) Anaemia Secondary	1year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1954, to Feb 9, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 5:10 AM, from the causes and on the date stated above.

SIGNATURE: S. E. Dorman (Degree or title): M.D. — ADDRESS: 120 W. Paul St Balto 2 Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-12-54 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR: 2-10-54 — REGISTRAR'S SIGNATURE: August C. Bunnell — 24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15

RECEIVED
FEB 17 1954
TAU V. S.

1373

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard; LENGTH OF STAY (In this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Md.; STREET ADDRESS (If rural, give location): Bldg.# 32 Fort Howard.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H (Last) ROTH

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-11-86

9. AGE: Last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Roth

14. MOTHER'S MAIDEN NAME: Lilly Glessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW-I

16. SOCIAL SECURITY NO.: 212 07 1494

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Electrocution. — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Ft. Howard Hosp (CITY OR TOWN): Ft. Howard (COUNTY): Balto (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-26-54 3 p.m. INJURY OCCURRED While at work ☒ Not while at work ☐ HOW DID INJURY OCCUR? Fell Against Live Power Wires from

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M. Davis M.D. (Degree or title) ADDRESS: Dep. Chief Exam - Dundalk, Md. DATE SIGNED: 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/2/54 | NAME OF CEMETERY OR CREMATORY: U. S. National Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 3/1/54 | REGISTRAR'S SIGNATURE: D W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

Drmk

1250

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING — PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly. — The correct add

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place) 7 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1913 JACKSON RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRISFIELD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PAUL	EDWARD	RUARK	FEB	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	AUG 31 1898	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		MARYLAND	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD F. RUARK	SARAH J. PARKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		MRS RHODA RUARK, CRISFIELD MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.
Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis.
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. M. Brown	M.D.	Dep. Med. Exam. - Dundalk Md.	2/4/54

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	FEB 2-1954	CRISFIELD	CRISFIELD MD

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 4-1954	[illegible]	COVINGTON FUNERAL HOME	CRISFIELD MD

VS. A10A — ASE WRI

1374

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md

LENGTH OF STAY (in this place): 28 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1507 Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md.

STREET ADDRESS (If rural give location): 1507 Frederick Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Erma (Last) Runyon

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 12, 1882

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cashier and Book-keeper

10b. KIND OF BUSINESS OR INDUSTRY: General Insurance

11. BIRTHPLACE (State or foreign country): Martins Ferry, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James H. Runyon

14. MOTHER'S MAIDEN NAME: Martha Grier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 280-16-0596

17. INFORMANT & ADDRESS: Mrs. E. Garfield Perkins, 1507 Frederick Rd. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 157X

(a) Carcinoma of head of pancreas

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(b)

DUE TO

(c)

Interval Between Onset And Death: 6 months +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec '53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1953, to 2 Feb., 1954, that I last saw the deceased alive on 2 Feb, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE: John Leslie Jr. (Degree or title) M.D. — ADDRESS: 1118 St. Paul St. Baltimore 2 Md. — DATE SIGNED: 2-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF: Feb. 5, 1954

NAME OF CEMETERY OR CREMATORY: Riverview Mem.

LOCATION (City, town, or county) (State): Martins Ferry, Ohio

DATE REC'D BY LOCAL REGISTRAR: 2-2-54

REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR ADDRESS: Easton Sons - Catonsville, Md.

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1375

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]67

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY in this place 5/18/48; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 2004 Wilkens St

3. NAME OF DECEASED: (First) Augusta (Middle) (Last) Schade

4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: NOV. 4, 1868

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valentine Schade

14. MOTHER'S MAIDEN NAME: Louise Kornmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 490X Lobar Pneumonia (not typed) — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) ..... — DUE TO

(c)

Interval Between Onset And Death: 11 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18/48 to 2.20, 1954, that I last saw the deceased alive on 2/20/54, 19....., and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Ward MD ADDRESS Spring Grove Hosp. DATE SIGNED 2/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb. 24 1954

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

24. FUNERAL DIRECTOR Fred R. A. Cole ADDRESS 1913 W. Balto. St.

VS. A15

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1376

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1958

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1/7/54; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 632 Charles St. Ave

3. NAME OF DECEASED: (Type or Print) First Idella (Middle) [illegible] Last Schumacher

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11/19/1879 74

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wm Ball Turner

14. MOTHER'S MAIDEN NAME: Louisa Bretton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MRS. Ruth Braun - 613 Johnson Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 334X Cerebro-vascular disease — Interval Between Onset And Death: Undetermined

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7/54, 19..... to 2/12, 1954, that I last saw the deceased alive on 2/12/54 ..., and that death occurred at 10.05 P.M. from the causes and on the date stated above.

SIGNATURE Chester Ward (Degree or title) M.D. ADDRESS - Spring Grove Hosp. Catonsville Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 15, 1954 NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery LOCATION (City, town, or county) (State) Towson, Md.

DATE REC'D BY LOCAL REGISTRAR 2/15/54 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

VS. A15

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1377

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 WALKERN RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLE RIVER
STREET ADDRESS (If rural, give location) 31 WALKERN RD.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) ELIZ. (Last) SCHMIDT

4. DATE OF DEATH: (Month) FEB. (Day) 24 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	M	JAN. 15-1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO. MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEO. BAKER
14. MOTHER'S MAIDEN NAME: CATH. PUNTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: JOSEPH J SCHMIDT SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
170X Immediate cause	(a) Pulmonary edema	30 MINS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Decompensated Arteriosclerotic	2 MOS.
	DUE TO (c) Adeno CARcinoma of breast with metastases	5 & 6 YRS.

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1953, to Feb 24, 1954, that I last saw the deceased alive on 2/24, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE J. Catt md (DEGREE OR TITLE) ADDRESS 434 Eastern Ave - East Md DATE SIGNED 2/26/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/27/54	HOLY REDEEMER	BALTO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-26-54	W W Hedrick	John H Connelly	East 21 - md.

VS. A15 8-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1378

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 28

M

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8003 Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 8003 Old Harford Road

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Leo (Last) Schroder

4. DATE OF DEATH: (Month) Feb. (Day) 1st (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	June 7, 1902	51 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman,	Crown Cork & Seal	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Francis Schroder

14. MOTHER'S MAIDEN NAME: Flora Wernfelts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	212-07-3556	Mrs. Mildred L. Schroder, 8003 Old Harfo

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Coronary thrombosis	5 mo.
DUE TO (b)		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)		

420.1
260 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1953, to Feb. 1., 1954, that I last saw the deceased alive on Jan. 30, 1954, and that death occurred at 10.30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold A. Gott	M.D.	8100 Harford Rd.	2/1/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 3, 1954	Baltimore Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/5/54	D.O. Hedrick, Dep.	Leonard J. Ruck	5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

Dr. Grott
8100 Harford Road

137 (2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Dixie Drive.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson Md.
STREET ADDRESS (If rural, give location) 313 Dixie Drive, Towson.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Richard (Last) Seney

4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Dec. 14, 1946

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Seney Jr.

14. MOTHER'S MAIDEN NAME: Mary K. Bratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. John M. Seney Jr. 313 Dixie Dr. Towson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

340.3
Immediate cause (a) DUE TO Purulent Meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes X, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Shaw M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. X DATE SIGNED Feb 12 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Feb. 15/54

NAME OF CEMETERY OR CREMATORY Druid Ridge

LOCATION (City, town, or county) (State) Pikesville Md.

DATE REC'D BY LOCAL REG. January 13. 1954 February?

REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR Harry A. Weitzle ADDRESS 4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Frances (Last) Shaffer

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 10, 1875

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Grimes

14. MOTHER'S MAIDEN NAME: Sarah Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John Wm. Shaffer, Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardio-Vascular-renal disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO — (c)

Interval Between Onset And Death:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1940, to Feb-9, 1954 that I last saw the deceased alive on Feb-9, 1954, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE: C. M. France — (Degree or title) M.D. — ADDRESS: Parkton Md. — DATE SIGNED: 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-17-54 — NAME OF CEMETERY OR CREMATORY: Poplar Grove — LOCATION (City, town, or county) (State): Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR: 11 Feb 1954 — REGISTRAR'S SIGNATURE: Anne Armistead MacRae

24. FUNERAL DIRECTOR — ADDRESS: J. Scott Brooks, Sparks, Md.

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FEB 15 1954
BUREAU V. S.

1263

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4806 Leeds Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 4806 Leeds Ave.

3. NAME OF DECEASED: (First) Paul (Middle) L. (Last) Shanahan
4. DATE OF DEATH: (Month) Feb. (Day) 2/54 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 13
9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: General Foreman
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Shanahan
14. MOTHER'S MAIDEN NAME: Mary McLaughlin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Barbara Shanahan, 4806 Leeds Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lymphosarcoma
DUE TO
(c)

Interval Between Onset And Death: (a) 2 days (b) 3 Mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/2/53
19b. MAJOR FINDINGS OF OPERATION: Lymphosarcoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1953, to 2/2, 1954, that I last saw the deceased alive on 1/29, 1954, and that death occurred at 8 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) James H. Lazenberger
ADDRESS Frederick & Augusta Aves
DATE SIGNED 2/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 6/54
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR: 2/4/54
REGISTRAR'S SIGNATURE: W. Hedrick
24. FUNERAL DIRECTOR: Harry H. Whittle
ADDRESS: 4101 Edmondson A.

VS. A15

1381

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4206 Wilkens Ave.

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) T. (Last) SHEIBLEIN
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	May 4, 1873	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Zimmerman
14. MOTHER'S MAIDEN NAME: Barbara -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. J. Frank Sheiblein-4206 Wilkens Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio Vascular Disease & Hypertension — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary Thrombosis Posterior — 3/27/53

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/52, to 2/23/54, that I last saw the deceased alive on 2/22/54, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eliot Wolfman MD — ADDRESS: 3432 Greenmount Ave Balto 18 Md — DATE SIGNED: 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/26/54	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-29-54	A W Hedges	Wm. J. Pickney & Sons	Balto 17, Md.

J.

1382

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto City
STREET ADDRESS (If rural, give location) 2(c) Fremont Ave.

3. NAME OF DECEASED: (Type or Print) (First) GERALD (Middle) T. (Last) SIMONS

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED: MARRIED

8. DATE OF BIRTH: Dec 26, 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Allentown, Penna. USA.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Franklin Simons

14. MOTHER'S MAIDEN NAME: Estella Stroke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Donald Simons 2(c) Fremont, Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cirrhosis of Liver. — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Malnutrition.

DUE TO (c) Chronic Ethyl Alcoholism.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ... M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 19 54, to 2-1, 19 54, that I last saw the deceased alive on 2-1, 19 54, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Spring Grove Hospital, Catonsville, Md; by JR Cullen Typ — 2-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/3/54 — NAME OF CEMETERY OR CREMATORY Park's Cemetery — LOCATION (City, town, or county) Baltimore — (State) Maryland

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE R.W. Hedrick

24. FUNERAL DIRECTOR H.M. Cook Inc. — ADDRESS 1210 E. Fayette St

Film #G161 Item# 7 2/18/54 emf

1383

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
   LENGTH OF STAY (in this place): 11 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Cockeysville P.O.)

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md. COUNTY: Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
   STREET ADDRESS (If rural, give location): (Cockeysville P.O.)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Devine (Last) Smith

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 22, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Dwelling

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Devine

14. MOTHER'S MAIDEN NAME: Miriam Sadler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Robert M Smith

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) DUE TO: Generalized arteriosclerosis — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Feb, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 2/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2/16/54 NAME OF CEMETERY OR CREMATORY: St. Paul's LOCATION (City, town, or county) (State): Timonium Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: February 1954 REGISTRAR'S SIGNATURE: Anne Armistead MacRae

24. FUNERAL DIRECTOR: Mc Cleaffe ADDRESS: Glen Rock, Pa.

VS. A15

RECEIVED
FEB 16
BUREAU V. S.

1384

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills
RURAL: X
LENGTH OF STAY (in this place) 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
03X-1
STREET ADDRESS (If rural give location) 7301 Dunwall Court

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2-26-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 11 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Theodore Smith

14. MOTHER'S MAIDEN NAME: Norma Lee Flanigan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 491 X (a) Cardiac Failure — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. ~~DUE TO~~ (b) Broncho-pneumonia — 3 weeks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency- defective fetal development since birth / Hydrocephaly - Meningocele: lower dorsal — " "

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19 53, to Feb. 15, 1954, that I last saw the deceased alive on Feb. 15, 1954, and that death occurred at 11:59 ..., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (Degree or title) M.D. ADDRESS Rosewood State Tr. Sch. Owings Mills Md DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-17-54 NAME OF CEM[illegible] Oak Lawn LOCATION (City, town, or county) 7325 Eastern ave (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 2/18/54 REGISTRAR'S SIGNATURE [illegible] Hedrick

24. FUNERAL DIRECTOR George A Weber ADDRESS 705 S. Conkling st

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
MARYLAND
LENGTH OF STAY (in this place) 1 mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS 317 N. (If rural give location) ~~415~~ Franklintown Road

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Edward (Last) Smith

4. DATE OF DEATH: (Month) February (Day) 10 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ~~11-2-1887~~ 11-2-1886 ?

9. AGE Last Birthday: 66 yrs. ~~67~~ (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MANAGER Florist Shop

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Balord L. Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Smith LECATES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: ~~VIV-09-1352~~ Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Subacute Bacterial Endocarditis — Interval Between Onset And Death: prior to 12-16-53

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16-, 19 53, to 2-10-, 19 54, that I last saw the deceased alive on 2-10-, 19 54, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Herrmann-Greer MD ADDRESS Spring Grove State Hospital Catonsville 28 Maryland DATE SIGNED 2-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb 14, 1954 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Pratt & H.M. Walters ADDRESS Pratt & Fremont Sts

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3904 Oakford Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Sokolsky

4. DATE OF DEATH: (Month) 2 (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 15, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Max Bortnoi

14. MOTHER'S MAIDEN NAME: Hilda —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove Hosp.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420,0 Immediate cause	(a) Cardiac failure	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	6 hrs.
	DUE TO (c) Arteriosclerotic heart disease	Indefinite
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	Indefinite

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw the deceased alive on 2-24, 1954, and that death occurred at 11:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B Hermann-Drew MD.

ADDRESS: Spring Grove State Hosp Catonsville 28 Md

DATE SIGNED: 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-26-54

NAME OF CEMETERY OR CREMATORY: Rosedale

LOCATION (City, town, or county): Balto

(State): Md

DATE REC'D BY LOCAL REGISTRAR: 2-25-54

REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR: Jack Lewis Inc

ADDRESS: 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTO. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS POINT(19) LENGTH OF STAY (in this place): 35 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3001 SALISBURY AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: md. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT. 19, EDGEMERE
STREET ADDRESS (If rural, give location): 3001 SALISBURY AVE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZA (Last) STAFFORD

4. DATE OF DEATH: (Month) 2 – (Day) 10 – (Year) 1954

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED | 8. DATE OF BIRTH: 1 FEB 1867 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES JONES | 14. MOTHER'S MAIDEN NAME: REBECCA FITZELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT AND ADDRESS: C. EDGAR FOULKE (SON-) SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Dis. — ? 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 54, to Feb 10, 19 54, that I last saw the deceased alive on Feb 9, 19 54, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 500 DSB. DATE SIGNED: 2-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 2-13-54 | NAME OF CEMETERY OR CREMATORY: PARKWOOD | LOCATION (City, town, or county) (State): BALTO. CO., Md.

DATE RECD BY LOCAL REG.: Feb. 15-54 | REGISTRAR'S SIGNATURE: Dawson L. Farber | 24. FUNERAL DIRECTOR: Wilkinson-Bradley | ADDRESS: Dundalk, Md

RECEIVED
FEB 1?
BUREAU V. S.

1388

MARYLAND

STATE DEPARTMETT OF HEALTH

01581

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY—FADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING correct age is especially important: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Walter J. Stanley — [illegible] Charles Street

2. DATE OF DEATH: Feb-2-1954

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Co. Essex
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1615 Hopewell Ave
c. Length of stay in Baltimore: 41 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Balto.
B. COUNTY: Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 1615 Hopewell Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	Col.	Married	Dec.19.1881	72		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Mill Eastern Rollin	Unkown	U.S.A.

13. FATHER'S NAME: John Stanley

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mary Stanley	1615 Hopewell Ave

CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Anoxia	5 days
DUE TO (B)	Endocarditis	?
DUE TO (C)	Septicemia	?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Possible Carcinomatosis

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1/29/54, 1954, *to* 2/2, 1954, *that I last saw the deceased alive on* 1/29, 1954, *and that death occurred at* 2 A.M., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
J. Blatt M.D.	434 Eastern Ave. Essex, Md.	2/2/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2/8/1954	Mt Calvery Cem.	Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-7-54	A P Hedrick	Elroy Wilson	1000 Brantley Ave

1389

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place) 2yr.1mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Balto~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3633 Roberts Place Baltimore, Maryland

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) B. (Last) STANSBURY

4. DATE OF DEATH: (Month) February (Day) 28 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/22/1877

9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): rope maker

10b. KIND OF BUSINESS OR INDUSTRY: cotton mill employee

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Stansbury

14. MOTHER'S MAIDEN NAME: Emmy McElvoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Ralph Stansbury, Brother to deceased 3633 Roberts Place, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 52 1/X (a) Acute pericardial tamponade and inflammation — Interval Between Onset And Death: Hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rupture of right pulmonary *abscess — *Mo.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic emphysema and corpulmonale

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? *

22. I hereby certify that I attended the deceased from Oct 17, 1951, to Feb 28, 1954, that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE Lindsey D. Campbell (Degree or title) M.D. ADDRESS Assistant Physician Spring Grove State Hospital DATE SIGNED 2/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/3/54 NAME OF CEMETERY OR CREMATORY Jessups M. E. Cemetery LOCATION (City, town, or county) Jessups, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3-2-54 REGISTRAR'S SIGNATURE H. W. Hedrick

24. FUNERAL DIRECTOR Wm. Cook Inc., ADDRESS 1217 St. Paul St.

* Date patient admitted to Spring Grove State Hosp. 1951.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Debaugh Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 611 Debaugh Ave.

3. NAME OF DECEASED (Type or Print) (First) Isabelle (Middle) Montgomery (Last) Stewart

4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1954 19

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH Aug. 12, 1871

9. AGE last birthday 82 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ill.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Montgomery

14. MOTHER'S MAIDEN NAME Margaret Breckenridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. William A. Beer 611 Debaugh Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	36 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Coronary insufficiency	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1953, to Feb. 15, 1954, that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 6:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Holmes Boyd M.D. 24 E. Eager St, Balto-2, Md. Feb 15, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 18, 1954

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Redwood Falls, Minn.

DATE REC'D BY LOCAL REG. 2/17/54

REGISTRAR'S SIGNATURE H W Hedrick

24. FUNERAL DIRECTOR John C. Mitchell Funeral Inc. ADDRESS 1900 Eutaw Pl.

1391

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 703 E. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt
STREET ADDRESS (If rural, give location) 703 E. St

3. NAME OF DECEASED (Type or Print): (First) Debra (Middle) Mae (Last) Stokes

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: Jan 11-1954 | 9. AGE last birthday: yrs. | If under 1 year: Months 1 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Balto. Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Stokes | 14. MOTHER'S MAIDEN NAME: Kneatha Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Kneatha Stokes 703 E. St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I. [illegible] M.D. [illegible] 2/12

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-12-54 | NAME OF CEMETERY OR CREMATORY Mt. Calvary | LOCATION (City, town, or county) Balto. Co. | (State) Md.

DATE REC'D BY LOCAL REG. Feb 13, 1954 | REGISTRAR'S SIGNATURE W. A. Hedrick | 24. FUNERAL DIRECTOR Samuel W. Gallagher | ADDRESS 1011 N. Arlington Ave - Balto

1251

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7308 SCHOOL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DUNDALK; STREET ADDRESS (If rural, give location) 7308 SCHOOL AVE

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) (Last) STRAUSS

4. DATE OF DEATH: (Month) FEB. (Day) 14 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JAN 25, 1894

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AUGOST KATHMAN

14. MOTHER'S MAIDEN NAME: WILHELMINA MAYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: GEO. STRAUSS 7308 SCHOOL AV.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) CEREBRAL THROMBOSIS — Interval Between Onset and Death: 6 Mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC C.V. DISEASE — 2 YRS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Feb 14, 1954, that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 700 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Stephen P. Mackenzie M.D. ADDRESS 6714 Holabird Ave Baltimore 22 DATE SIGNED Feb 2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: FEB 17, 1954 | NAME OF CEMETERY OR CREMATORY: MORELAND PARK | LOCATION (City, town, or county): PARKVILLE (State): MD

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME ADDRESS: 2112 DUNDALK

VS. A15

RECEIVED
FEB
BUREAU V. S.

1392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) visiting
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Temple

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Pleasant Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Fern (Last) Sullivan
4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	May 24, 1900	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bus driver
10b. KIND OF BUSINESS OR INDUSTRY: Balto. Transit Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George U. Sullivan
14. MOTHER'S MAIDEN NAME: Melvina Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-7778
17. INFORMANT & ADDRESS: Mrs. Ruth Sullivan, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 443X Cerebral Hemorrhage	10 min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive C.-V. Disease	4 yrs.
DUE TO		
9000	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Basal Cell Carcinomas of Head — 13 yrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Masonic Temple
21c. (City or town) Reisterstown (County) Balto. (State) Maryland
21d. TIME OF INJURY (Month) (Day) (Year) 2-11-54 (Hour) 11P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Was descending steps, slumped & fell 3 steps.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Tapler
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-13-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1954	Jerusalem Cemetery	Bachman's Valley, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/13/54	Mary B. Eline	Wm. Berryman & Sons, Reisterstown, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 13
BUREAU V. S.

1393

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 7 50

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; MARYLAND; LENGTH OF STAY (in this place): 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Ba; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster, Md.; STREET ADDRESS (If rural, give location): Route 5

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) M. (Last) TAYLOR

4. DATE OF DEATH: (Month) February (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/2/86

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Patapsco, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jessie Francis Taylor

14. MOTHER'S MAIDEN NAME: Mary Jane Slorp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 218-07-2670 A

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY INFARCTION	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CEREBROVASCULAR ACCIDENT	1 week
	(c) RHEUMATIC & ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1954, to Feb. 21, 1954, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) PERRY O. STEARNS, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 2/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: Feb.24,1954 | NAME OF CEMETERY OR CREMATORY: Carrollton Church of God | LOCATION (City, town, or county) (State): Finksburg, Maryland

DATE REC'D BY LOCAL REG. 2/23/54 | REGISTRAR'S SIGNATURE: Dawson L. Barber

24. FUNERAL DIRECTOR: John R. Byers | ADDRESS: Westminster, Md.

FEB
BUREAU V. S.

1394 Film#G162 Item# 11 3/15/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) MARYLAND 4115 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 824 West 33rd Street

3. NAME OF DECEASED: (Type or Print) (First) Willis (Middle) Cullom (Last) Thompson

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 6/20/1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months 8 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Textile Wkr.

10b. KIND OF BUSINESS OR INDUSTRY: Text. Industry

11. BIRTHPLACE (State or foreign country): 6/20/1890 North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Thompson

14. MOTHER'S MAIDEN NAME: Theodosia Riggin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-0621

17. INFORMANT & ADDRESS: Willis C. Thompson, Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction of myocardium due to Embolism — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Far Advanced Pulmonary Tuberculosis — 12 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16/1942, to 2/21/1954, that I last saw the deceased alive on 2/21/54 19..., and that death occurred at 1:20 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Newcomer M.D., Superintendent, Mt. Wilson, Md. 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 2/24/54

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 2/24/54

REGISTRAR'S SIGNATURE Helen M. Kerr

24. FUNERAL DIRECTOR ADDRESS

Paul Chenoweth, 2615 Chestnut Ave., Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1954
BUREAU V. S.

1252

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 275 BLETZER RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EARL	TEMPLETON	TROXELL	2	8	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	MARRIED	2 AUG. 1897	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RECEIVER	STEEL MFGR.	PENNA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRY F. TROXELL	BERTHA G. KAYSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	213-07-6601	LINDA G. TROXELL — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	20 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	5 years
	(c) Obesity	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov., 1951, to Feb. 8, 1954, that I last saw the deceased alive on 14 Jan., 1954, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. H. Morrison	M.D.	3 Kunshy's Rd (22)	9 Feb. 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-12-54	HELLER TOWN	HELLERTOWN, PENNA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 9 1954	William M. Kelly	Kirk, Bunke, Bradley	Dundalk, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

1395 Film#G162 Item# 7 3/8/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS BETH STEEL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 850 W. BALTO ST.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HENRY	—	TUGWELL	FEB	28	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	Single	MAR 15 1900	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CRANE OPERATOR	BETH STEEL	MARYLAND.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEWIN R. TUGWELL	ELLEN WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	WM. TUGWELL-2049 DROID PARK DRIVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M Bowers M.D.	Dep. Med. Exam.	Baltimore, Md	2/28/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 2/54	Woodlawn	Woodlawn, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-1-54	A.W. Hedrich dmr.	Dustin E. Donovan	3818 Roland Ave

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1396

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1991

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Turkey Point--Rural
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #1 Box #663 Baltimore 21, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore COUNTY — STATE Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Turkey Point--Rural
STREET ADDRESS (If rural give location): Route #1 Box #663 Baltimore 21, Md.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) HELEN (Last) TYDINGS

4. DATE OF DEATH: (Month) (Day) (Year) February 22nd, 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1st, 1901

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Mt.Vernon, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter J. Woods

14. MOTHER'S MAIDEN NAME: Angelina Shannon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Wm.F. Tydings, Sr. Route #1 Box #663 Baltimore 21, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) myocarchal infarction — Interval Between Onset And Death: 20 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 20 hrs
DUE TO (c) arterio-sclerotic cardio-vascular disease with nephritis — 7 yrs

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 47, to Feb 22, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 12 40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Nicli M D — ADDRESS 423 Eastern Ave Baltimore 2, Md — DATE SIGNED 2/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/25/1954 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REGISTRAR: 2/5/54 — REGISTRAR'S SIGNATURE: James Barber

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company, Riverdale, Md.

VS. A15

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MAR 3
BUREAU W. S.

1397

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1392

5C

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15A

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 44yrs, 3mo, 29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 156 Irving Place ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Tyson
4. DATE OF DEATH (Month) (Day) (Year): February 4, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1-13-1870
9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles T. Granger
14. MOTHER'S MAIDEN NAME: Laura Kann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7
Immediate cause (a) Terminal Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic cardiovascular renal disease
(c) Intertrochanteric fracture of right femur

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary cystitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
(CITY OR TOWN) Catonsville (COUNTY) Baltimore (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-21-54 6:45p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Patient walking in hall and slipped and fell to floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Geo. M. Kieffer M.D. Deputy Medical Examiner of Baltimore
ADDRESS: 1010 Leeds Ave., Arbutus, Md.
DATE SIGNED: 2-5-54

DISPOSITION (Burial, Cremation, Removal, Donation, Specify): Burial
DATE THEREOF: 2/6/54
NAME OF CEMETERY OR CREMATORY: Moreland Park Cemetery
LOCATION (City, town, or county) (State): Parkville, Maryland

DATE RECD BY LOCAL REGISTRAR: 2/5/54
REGISTRAR'S SIGNATURE: D W Hedrick Jr.
24. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul Street

1398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1393

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park
LENGTH OF STAY (in this place) 38 1/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7925 Elmhurst Ave

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park
STREET ADDRESS (If rural give location) 7925 Elmhurst Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W (Last) Von Hagel
4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 8-1882
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Balto Co school
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John J Von Hagel
14. MOTHER'S MAIDEN NAME: Julia E Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs James W VonHagel 7925 Elmhurst Ave

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Bronchial Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral apoplexy	4 days
	(c) Arteriosclerotic Cardio Vascular Disease	6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to Feb 23, 1954, that I last saw the deceased alive on Feb 23, 1954, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: J M Baumgardner — (Degree or title) MD — ADDRESS Balto 6 Md — DATE SIGNED 2/23/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/26/54
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem
LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REG. 2/27/4
REGISTRAR'S SIGNATURE: Edith Hurley
24. FUNERAL DIRECTOR: Lanahan Funeral Home — ADDRESS 740 Belair Rd.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton.
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rayville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Parkton
STREET ADDRESS (If rural give location) Rayville Rd.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Michael (Last) Walker.

4. DATE OF DEATH: (Month) (Day) (Year) February 5, 1954.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 23, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Glenville, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Walker.

14. MOTHER'S MAIDEN NAME: Sophia Bortner.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Otis Swam, Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) H4-X Cardio-Vascular-renal disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1953 , to Feb. 5 , 1954, that I last saw the deceased alive on Feb. 5 , 1954, and that death occurred at 1:53 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. M. Frame M.D. ADDRESS Parkton, Md. DATE SIGNED 2/5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Febr. 8 1954 — NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery — LOCATION (City, town, or county) (State) Parkton, Balto Co., Md.

DATE REC'D BY LOCAL REGISTRAR 2/7/54 — REGISTRAR'S SIGNATURE Roberta F Fraelon — 24. FUNERAL DIRECTOR Jacob Harlenstein — ADDRESS New Freedom, Pa.

VS. A15

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FEB 1 2 2014
U. S.

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 1205

1. PLACE OF DEATH- COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 819 N. Stricker Street

3. NAME OF DECEASED (Type or Print): (First) ABRAHAM (Middle) (NMI) (Last) WALLACE JR.

4. DATE OF DEATH (Month) February (Day) 24 (Year) 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-28-90

9. AGE last birthday: 65 yrs. 63 — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason's Helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dividsonville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Wallace Sr.

14. MOTHER'S MAIDEN NAME: Mary Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) CARCINOMA OF THE RECTUM — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Feb. 16 ., 1954 ., to Feb 24 ., 19 54 ., [redacted] and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D. ADDRESS: VAH, Fort Howard, Maryland DATE SIGNED: 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE | NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery | LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. FEB 26 1954 | REGISTRAR'S SIGNATURE: Huntington W. Linthicum, M.D. Deputy Dawson L. Decker smb

24. FUNERAL DIRECTOR: Mrs. Charles Hicks Funeral Home ADDRESS: 43 Northwest Street, Annapolis, Maryland

MARGIN RESERVED FOR BINDING

1401

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore -19- MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7001 North Point Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE As COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W
STREET ADDRESS (If rural give location) # 1.

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) M (Last) WEBB.

4. DATE OF DEATH: (Month) (Day) (Year) February 28 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 8. 1870

9. AGE Last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Raleigh Co W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Adam Cline

14. MOTHER'S MAIDEN NAME: Margaret Sizemore.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT'S ADDRESS: Myrtle Bayne - address same #1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval Between Onset And Death: Sudden.

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Senility + generalized arteriosclerosis — 10 yrs.

DUE TO (c)

I. 450.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic rheumatoid arthritis — 17 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 42; to Feb. 28, 1954, that I last saw the deceased alive on Feb 28, 1954, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tallin. M.D. 6908 North Point Rd. Balto. 19. Md Feb. 28. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE THEREOF MAR 1, 1954

NAME OF CEMETERY OR CREMATORY CEDAR HILL

LOCATION (City, town, or county) (State) COVINGTON, VIRGINIA

DATE RECD BY LOCAL REGISTRAR March 3-54

REGISTRAR'S SIGNATURE Dawson L. Harker

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME

ADDRESS 211 DUNDALK

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 5
BUREAU V.

1408

Film#G161 Item# 1a 2/2/54 mm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
LENGTH OF STAY (in this place) 2.5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5927 Cecil Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural, give location) 5927 Cecil Ave

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Sophie (Last) Wehe'

4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 23, 1898

9. AGE last birthday: 55 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown Eberi

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-07-6787

17. INFORMANT & ADDRESS: Henry W. Wehe 5927 Cecil Ave-7.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (44 X)	(a) Cerebral Hemorrhage	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertension and Cerebrovascular disease	10 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939 to Feb 13, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) A. P. Von Schwegmann ADDRESS 4618 Edmondson Ave DATE SIGNED 2/15/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb 17 1954

NAME OF CEMETERY OR CREMATORY Western

LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 2/15/54

REGISTRAR'S SIGNATURE H D Redrad

24. FUNERAL DIRECTOR John F. Teufel ADDRESS 5311 Edmondson Ave

Duss

VS. A15

1403

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 37 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3168 Elmora Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) WHEELER

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/21/78

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Wheeler

14. MOTHER'S MAIDEN NAME: Ida Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) CARCINOMA OF THE LEFT LUNG — Interval Between Onset and Death: 1 Year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 21, 1954, to Feb. 27, 1954, that I last saw ~~alive~~ and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) PERRY O. STEARNS, M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 1954

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3-1-54

REGISTRAR'S SIGNATURE: A.W. Bedrich dmr.

24. FUNERAL DIRECTOR: Leo Cook Funeral Home

ADDRESS: 1703 N. Patterson Park Ave. Balto. Md.

Film#G161 Item# 13,14 2/15/54 emf

14 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01398

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714 Regester Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 714 Regester Avenue

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) E. (Last) White

4. DATE OF DEATH: (Month) February (Day) 8, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 15, 1875

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: unknown Bluth

14. MOTHER'S MAIDEN NAME: unknown Gabriel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Russell R. Reno, 714 Regester Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 420.1	(a) MYOCARDIAL INFARCTION,	6 hours.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) OCCLUSION OF CORONARY ARTERY	6 hours.
DUE TO		
	(c) ARTERIOSCLEROSIS,	9 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility — 9 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
INJURY

TIME OF INJURY (Month) (Day) (Year) (Hour) M. None
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Dec 11, 19 54, to Feb 8, 19 54, that I last saw the deceased alive on Feb 6, 19 54, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Hunterglen Hallowell M.D. 6710 Yorkly Rd Feb 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify): removal
DATE THEREOF 2/8/54
NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
LOCATION (City, town, or county) (State) Urbania, Illinois

DATE RECD BY LOCAL REGISTRAR FEB 8 - 1954
REGISTRAR'S SIGNATURE Mabel Grau
FUNERAL DIRECTOR Wm. Cook, Inc.
ADDRESS 1217 St. Paul Street

RECEIVED
FEB 1
BUREAU V. S.

1495

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Butler Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 9 Butler Road

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Henry (Last) Wiederhold

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 19 54

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: June 22, 1875 — 9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Owner of Picture Frame Business — 10b. KIND OF BUSINESS OR INDUSTRY: Picture Frame Business — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Wiederhold — 14. MOTHER'S MAIDEN NAME: Catherine Loewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: None — 17. INFORMANT & ADDRESS: Mrs. Edward H. Wiederhold, 9 Butler Rd Reisterstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardiac failure — 5 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis generalized — several years

DUE TO

(c) Hypertensive Cardiovascular Disease — " 4

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1953, to Feb. 11 ..., 1954, that I last saw the deceased alive on Feb 11, 1954, and that death occurred at 7:59 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Clarence E. McWilliams M.D. — Reisterstown Maryland — Feb 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 15, 54 — NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. — LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-14-54 — REGISTRAR'S SIGNATURE Mary B. Elwin

24. FUNERAL DIRECTOR — ADDRESS
J.F. Eline & Sons, Reisterstown, Md.

VS. A15

RECEIVED
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BUREAU V. S.

Film #G161 Item # 7 2/23/54 emf

7406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01401

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Glyndon Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5245 Linden Heights Ave

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) May (Last) Williams
4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible]
8. DATE OF BIRTH: May 1 1887
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Moorefield W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Craver
14. MOTHER'S MAIDEN NAME: Annise Gross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
16. SOCIAL SECURITY NO.: 217-22-7271
17. INFORMANT AND ADDRESS: Clarence W. Williams 5245 Linden Heights Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Metastasis To	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) lungs, bones, peritoneum, liver, heart	3 mos
	(c) Cancer of the Ovary	6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1954
19b. MAJOR FINDINGS OF OPERATION: See certificate
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1954, to Feb 16, 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at 11 m., from the causes and on the date stated above.

SIGNATURE: Louis Dalman (Degree or title) MD — ADDRESS: Pikesville 8, Md — DATE SIGNED: 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 17 54 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county) (State): Ellicott City Md.

DATE REC'D BY LOCAL REG.: Feb 17 1954 — REGISTRAR'S SIGNATURE: C. W. Hedrick — 24. FUNERAL DIRECTOR: Loring Byers — ADDRESS: 5005 Park Heights Ave.

1407

MARYLAND

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

01402
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard; LENGTH OF STAY (In this place): 12 hrs. 20 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 4430 Mannasota Avenue

3. NAME OF DECEASED (Type or Print): (First) MERTON (Middle) H. (Last) WOOD

4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-16-97

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bonesville, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles Wood

14. MOTHER'S MAIDEN NAME: Leila Hammett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

502.1

Immediate cause (a): PULMONARY EMPHYSEMA; CHRONIC MUCOPURULENT BRONCHITIS; COR PULMONALE

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)..... (c)..

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Feb. 25, 1954, to Feb. 26, 1954, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

1:00 PM 1:20 AM

SIGNATURE: [signature] (Degree or title) ADDRESS: DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. VAH, FORT HOWARD, MARYLAND 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-1-54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: FEB 27 1954

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

Dawson L Farver mc

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons Inc.

ADDRESS: North & Penna. Avenues, Baltimore, Maryland

RECEIVED
MAR 2 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01403

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2948 Edgewood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2948 Edgewood Ave.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) (Last) YOECKLE

4. DATE OF DEATH (Month) Feb. (Day) 5 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Aug. 15 1875

9. AGE last birthday 78 years mos. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIRE MAN

10b. KIND OF BUSINESS OR INDUSTRY Gas + Elec.

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 212-05-4465A

17. INFORMANT AND ADDRESS Mary Keller 2945 Edgewood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

473 X

Immediate cause (a) Emphysema of lung. — Interval between onset and death: 1-2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Lung abscess — 2-3 wks.

(c) Pneumonia — 6 wks+

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Wgt loss with Weakness LUNG. NECROPSY.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1954, to Feb 5, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 7 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank P. Kasik, Jr. M.D. ADDRESS 9005 Harford Rd Md. DATE SIGNED 2/8/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2-8-54

NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 2/8/54

REGISTRAR'S SIGNATURE A. M. Dixon

24. FUNERAL DIRECTOR Chas F. Evans & Son ADDRESS 8802 Harford Road

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

01404

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3401.4
STREET ADDRESS (If rural, give location): 168 Dolphin Street

3. NAME OF DECEASED (Type or Print): (First) ALPHONSO (Middle) (NMI) (Last) YOUNG

4. DATE OF DEATH (Month) (Day) (Year): February 3 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February (2) 1903

9. AGE last birthday: 50 yrs.
If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wakefield, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Neddie Young

14. MOTHER'S MAIDEN NAME: Addie Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW I

16. SOCIAL SECURITY NO.: 218-03-8401

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
023X Immediate cause	(a) SYPHILITIC HEART DISEASE WITH AORTIC ANEURYSM	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
	(c) BRONCHIAL ASTHMA	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1954, to Febr. 3, 1954 I last saw the deceased alive on [redacted] and that death occurred at 4:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): F. G. Dickey — ADDRESS: FRANCIS G. DICKEY, M.D., Chief, Medical Service, VAH, Fort Howard, Md. — DATE SIGNED: 2-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/8/1954 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2-8-54 — REGISTRAR'S SIGNATURE: W W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore, Md.

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